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ABSTRACT

This report evaluates the "counselor plus case aide" outreach model used to deliver vocational rehabilitation (VR) services to American Indians on northern Minnesota reservations. The report also documents other existing VR outreach efforts to American Indians, based on a survey of state VR agency directors. Evaluation of the Minnesota model focused on processes and outcomes during 1993-97 and included a review of documentation on program history, management, and procedures; analysis of state databases for client characteristics, services received, and work status at referral and closure; and interviews with six randomly selected clients. A key factor in Minnesota service delivery was the use of an American Indian VR counselor plus an American Indian case aide, who consistently went to reservations to recruit clients, disseminate information, and provide services. None of the 14 state VR agencies responding to the survey reported a similar program of outreach, although about half described agency involvement with tribes. It appears that the Minnesota model is successful in bringing VR services to American Indians who otherwise would not be service recipients. American Indians with disabilities are a distinct population with special needs, and Minnesota reservations are rural and isolated. Nevertheless, it is vital that VR personnel maintain a consistent presence on the reservations: keeping promises, working with clients as distinct individuals, providing good practical counseling--creating hope and confidence in people who may have none. Recommendations are offered for outreach programs and for future evaluative research. Contains 24 references, 10 tables, and 9 figures. Appendixes include interview questions, program data, and evaluation documents. (SV)

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1998

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What a surprise it was for me when I found out that people here deny their past. Each person here believes that he has succeeded on his own, without help from anyone. I asked myself, why is this? How is this possible? Everyone knows that even the strongest man rides on his grandmother's back. After years I realized the answer. If you don't share a past or a culture, you don't have to share your labor or your earnings or your future.

Alfredo Véa, Jr.
The Silver Cloud Cafe

Acknowledgments

The process of conducting this research brought together researchers located throughout the United States in the North, East, and Southwest--at one point the research was being coordinated from two different countries--making technology such as e-mail not just a convenience but almost a requirement! And, as always, in addition to the core team of researchers, it was the effort of many, many people that made the research possible at all. We would particularly like to acknowledge Robert Lundahl, supervisor for more than 25 years of the Duluth Field Office of Minnesota's Division of Rehabilitation Services, for his dedication to outreach to the American Indians with disabilities living on reservations and his assistance in recreating an accurate historical summary of the effort to provide culturally appropriate vocational rehabilitation (VR) services to American Indians in Northern Minnesota. Administrators Kim Rezek and Dale Nelson were also very generous with their time and sharing of historical information. Additionally, we would like to thank Ms. Rezek for her approval of the state agency's involvement in this research and the contribution of Sharon Johnson's time to be used freely over the course of the research process. We thank the 14 VR state agency directors who took the time to respond to yet another survey and their interest in helping the American Indian Rehabilitation Research and Training Center to further understand and document outreach efforts to American Indians with disabilities. Also, we thank the key informants/consumers for their valuable contributions. Finally, we would like to thank Zachary Thomas Wiggins for his willingness to delay arrival into this world until our final draft was completed.

Summary

One purpose of this research project was to document the existing outreach efforts to American Indians within the public vocational rehabilitation (VR) program. Additionally, a second purpose of this research was to evaluate the effectiveness of the "counselor plus case aide" outreach program utilized by the State of Minnesota Division of Rehabilitation Services (MDRS). The research involved two concurrent processes: (a) surveying all state agency directors in order to determine the extent to which American Indians were employed as rehabilitation counselors and/or as case aides/technicians, and to what extent these individuals were actively engaged in systematic outreach efforts as regards American Indians with disabilities; and (b) evaluating the "counselor plus case aide" model of outreach and service delivery in Minnesota. This latter portion of the research included client case studies within the context of a program case study.

In May 1997, a letter of inquiry was mailed to the directors of public VR agencies in all 50 states. Directors from 14 states responded to this letter, either describing their specialized services, or explaining their position in providing services to American Indians. The states that responded to the letter were Alabama, Alaska, Colorado, Illinois, Maine, Montana, Nevada, New York, North Carolina, North Dakota, Ohio, Oregon, Texas, and Wisconsin (Minnesota was not included in the analysis due to its involvement in the research).

Researchers from the American Indian Rehabilitation Research and Training Center (AIRRTC) worked in conjunction with MDRS staff to document the history, policies, and procedures of the Minnesota program, and reviewed existing documents related to the model as it has evolved over a 25 year period. However, the evaluation focused on processes employed and outcomes obtained by MDRS during the most recent five years, that is, 1993 - 1997. The year 1997 was considered "current year" for purposes of data collection and data analyses.

One of the key factors in service delivery mentioned several times by key informants and consumers in Minnesota was the use of an American Indian VR counselor plus an American Indian case aide, going consistently to reservations to recruit clients, disseminate information, and provide services to clients. None of the state VR agencies responding to the survey reported a similar program of outreach, although approximately half described agency involvement with tribes, in cultural awareness programs and/or outreach.

Designed to provide outreach to American Indians with disabilities living on or near selected reservations in northern Minnesota, it would appear from the research conducted that the Counselor Plus Case Aide Program is successful in bringing VR services to American Indians who otherwise would not be service recipients. To the extent that the Counselor Plus Case Aide Program differs from other state agency outreach and/or culturally sensitive service delivery efforts, it is most likely the factor of distance of the reservations from cities and from each other that is responsible. This problem is compound: not only are American Indians with disabilities a distinct ethnic population with special needs, but, in the case of Minnesota, the reservations are rural and far flung; travel and time requirements will always be controlling factors in service provision. Nonetheless, it is vital that VR personnel maintain a consistent presence on the reservations; maintaining a presence includes many things, such as keeping promises, working with clients as distinct individuals, providing good practical counseling and advice--creating hope and confidence in people who may have none.

When feasible, American Indians should be hired as counselors and case aides. Although several individuals interviewed felt that they would have been comfortable with a non-Indian counselor, most felt that in general, American Indian clients should work with American Indians counselors. It was particularly important to hire American Indian case aides. The case aide spends more time on the reservation, breaks the ice with the clients, maintains a presence on the reservation, and acts as a liaison; therefore, the case aide establishes the initial relationship with the client.

Outreach by Indian VR staff members means **a determined agency effort to offer meaningful VR services to Indian people *on the reservation.*** This is very different than the agency agreeing to provide culturally sensitive services if Indian people actively seek them out, or alternately taking the stance that their services are "color blind," and if Indian people decide not to take advantage of those services, that is their choice and will be respected. However, there are negative aspects as regards travel and time factors. As much time as possible must be spent on the reservations actively providing services, but even so, the time necessary to collect records and determine eligibility may become drawn out and contact may be less frequent than desirable.

Clearly, one solution would be for all reservations to have Tribal Vocational Rehabilitation Programs. However, such programs are often difficult to acquire, fiscally based in short-term grants which go to very few tribes, and even then, do not absolve the state agency from the responsibility to provide public vocational rehabilitation services to American Indians with disabilities.

One purpose of this research effort was to document the outreach efforts of the Minnesota state VR agency in providing services to American Indians living on or near reservation areas. This information can be used to recreate this model program in other areas or with other groups of individuals who may need more specialized services. It is hoped that the recommendations at the conclusion of this report will help to guide other state agencies in establishing their own outreach program in order to increase service provision to American Indians with disabilities. Some of the recommendations are specific to rural outreach; others should help increase service provision to both urban and rural American Indians with disabilities.

An Evaluation of the "Counselor plus Case Aide Model" in Serving American Indians with Disabilities through the Public Vocational Rehabilitation Program

The Rehabilitation Act Amendments of 1992 (P. L. 102-569) have noted that "the rate of work-related disability for American Indians is about one and one-half times that of the general population" (p. 106 STAT. 4364), yet research over the past decade has clearly indicated that American Indians with disabilities are, in general, underserved by the public VR program (O'Connell, 1987; Fischer, 1991). While an attempt to correct this problem has been made through the development of tribal vocational rehabilitation (VR) programs (see, e.g., Lonetree, 1990; Lonetree, 1991; Marshall, Johnson, & Lonetree, 1993), sufficient attention has not been paid to the effectiveness of accessing this population through specialized outreach efforts conducted by the public VR program. For example, in contrast to providing services through a specialized, but grant-funded project, the State of Minnesota Division of Rehabilitation Services (MDRS) has provided specific services, including outreach, to American Indians in northern Minnesota--both on and off the reservations--since 1973 (Marshall, Johnson, & Lonetree, 1993).

Originally a grant-funded community corrections project for youthful Indian offenders, the project's positions were made permanent within the state division of VR. The functions of these positions were dedicated to outreach and to providing VR services to the American Indian population. From its inception, this effort was located in the Duluth Field Office, with outreach to the reservations in northeast Minnesota, namely, Bois Forte (Nett Lake and Vermilion), Fond du Lac, and Grand Portage. The level of staffing included a

rehabilitation counselor/project supervisor, a rehabilitation counselor position shared with Minnesota State Services for the Blind, and a case aide position dedicated to reservation outreach. All three of these positions were held by American Indians--more specifically by Chippewa (Ojibway) people serving Chippewa people. These three staff worked as a team to provide rehabilitation services to Minnesota Indians living on or near the three reservations of the Minnesota Chippewa Tribe referred to earlier, as well as to the Red Lake Band of Chippewa. Services were also provided by MDRS to the urban Indian population in Duluth.

One purpose of this research project was to document the existing outreach efforts to American Indians within the public VR program. Additionally, a second purpose of this research was to evaluate the effectiveness of the "counselor plus case aide" outreach program utilized by MDRS.

SUMMARY OF RELEVANT LITERATURE

There is very little published literature available regarding outreach to American Indians by VR or any other human services, yet the importance of outreach efforts in order to meet the needs of traditionally underserved populations cannot be overemphasized. John (1986) has cited the lack of "availability, awareness, and accessibility" as the three major reasons for poor utilization of services among American Indians, although the significance of each of these reasons may vary from one tribal community to another. Researchers have also identified (a) cultural conflict, (b) lack of trust toward service providers, (c) transportation problems, (d) limited English proficiency, and (e) lack of trained service providers to work in rural areas, as barriers for American Indians in successfully accessing services (Clark & Kelley, 1992; Hodge, 1989; Joe, 1988; Martin, Frank, Minkler, & Johnson, 1988; O'Connell, 1987; Saravanabhavan, Martin, & Saravanabhavan, 1994; Toubbeh, 1985).

In three needs assessments conducted among urban American Indians with disabilities, researchers from the AIRRTC at Northern Arizona University found the lack of outreach from service agencies to be a primary concern of respondents (Marshall, Johnson, Martin, Saravanabhavan, Bradford, 1992; Marshall, Day-Davila, & Mackin, 1992; Schacht, Hickman, & Klibaner, 1993). It should be noted that in each of these three studies, the public VR state agencies, that is, Colorado, Minnesota, and Texas, demonstrated their interest in better serving American Indians with disabilities through co-sponsoring the AIRRTC research effort.

Additional state agencies have worked to ensure that American Indians with disabilities have increased opportunity to access or learn about VR services. For example, the Arizona Rehabilitation Services Administration (ARSA) worked closely with the Navajo Nation and helped to start the Navajo Vocational Rehabilitation Project in 1981 (Guy, 1991; Powers, 1989). The ARSA also conducted a statewide needs assessment (Arizona Department of Economic Security, 1989) and identified: (a) barriers to service delivery to members of the 20 American Indian nations in Arizona and (b) the need to recruit indigenous counselors and liaison persons in order to better serve Indian people with disabilities. As stated earlier, Minnesota has been providing outreach services to reservation-based American Indians in northern Minnesota since 1973. Similarly, the New Mexico Division of Vocational Rehabilitation has been providing outreach to the 19 New Mexico Pueblo Indian communities through the use of rehabilitation technicians. According to Thomason (1992; see also Martin & O'Connell, 1986):

> the American Indian Vocational Rehabilitation Project has been in existence since 1985 when the first contractual agreement was signed with the All Indian Pueblo Council (AIPC). . . . [The AIRRTC] analyzed data for the AIPC and jointly developed the concept of using local, indigenous rehabilitation technicians to provide an avenue through which individuals with disabilities residing on reservations could access VR services (p. 1).

Given the paucity of published information regarding rehabilitation outreach efforts with American Indians, it is not surprising that there is even less published information available regarding an evaluation of these efforts. Ideally, such documentation would consider both process and outcome variables. According to Patton (1980), "the purpose of evaluation research . . . is to provide relevant and useful information to decision makers, the criteria for usefulness and relevance being negotiated with decision makers and information users during the conceptual phase of the evaluation" (p. 723). Specifically, he suggested that "process evaluations are aimed at elucidating and understanding the internal dynamics of program operations. . . ., [and] are particularly useful for dissemination and replication of programs under conditions where a program . . . is considered to be a model worthy of replication at other sites" (pp. 60-61). As regards outcome variables, Gibbs (1990) has noted that while it is standard practice in evaluating VR outcomes to consider a "26 closure" (suitable employment for at least 90 days) to be the measure of success, the "practice of not following clients after closure has hindered past efforts to evaluate the [VR] program" (p. 33). He suggested that researchers also measure the duration of employment and include as a criterion of success "if receipt of VR services was associated with an increase in the lengths of periods of employment or decrease in the duration of periods of unemployment experienced by participants" (p. 35).

It is important to note that in evaluation research, both process variables and outcome variables may be measured through the collection of qualitative data as well as quantitative data. For example, in evaluating the impact of educational programs, Dereshiwsky and Packard (1992) have argued that "focusing only on readily quantifiable outcomes would appear to leave out quite a few essential social/behavior elements" (p. 1), and suggested that "qualitative data allow for an in-depth understanding of the key ingredients contributing to success or failure of the program being evaluated" (p. 3). These researchers further suggested that "the evaluation researcher will want to

collect data on the program from a variety of program and participant perspectives" (p. 4). Finally, according to Patton (1980):

> Evaluators using qualitative methods provide perspective rather than truth, empirical assessment or local decision makers' theories of action rather than generation and verification of universal theories, and context-bound information rather than generalizations. Evaluators can give up the burden of producing unassailable certainties and concentrate on the more immediate task of providing useful information to decision makers and information users (pp. 282–283).

RESEARCH DESIGN and METHODOLOGY

This project involved two concurrent processes: (a) surveying all state agency directors in order to determine the extent to which American Indians were employed as rehabilitation counselors and/or as case aides/technicians, and to what extent these individuals were actively engaged in systematic outreach efforts as regards American Indians with disabilities; and (b) evaluating the "counselor plus case aide" model of outreach and service delivery in Minnesota. This latter portion of the research was conducted, in part, as a series of client case studies within the context of a program case study. Researchers from the AIRRTC worked in conjunction with MDRS staff to document the history, policies, and procedures of the Minnesota program, and reviewed existing documents related to the model as it has evolved over a 25 year period (process evaluation). However, the evaluation focused on processes employed and outcomes obtained by MDRS during the most recent five years, that is, 1993 - 1997. The year 1997 was considered "current year" for purposes of data collection and data analyses.

Research Questions/Hypotheses

1. To what extent do public VR agencies use indigenous counselors and/or case aides/technicians for the purpose of both service delivery and outreach?
2. In the "counselor plus case aide" model program to be evaluated:

(a) What specific policies, management strategies, and procedures, in regard to both service delivery and outreach, have been found to be consistent with the cultural requirements of the American Indians with disabilities that the program serves?

(b) What specific policies, management strategies, and procedures, as regards to both service delivery and outreach, should be changed to provide a better fit with the cultural requirements of the American Indians with disabilities that the program serves?

(c) How does the model compare in cost to traditional models of service delivery?

(d) What are the demographic characteristics of American Indians with disabilities found eligible for VR services versus those American Indians found ineligible for services? What are the demographic characteristics of clients with successful rehabilitation outcomes versus those with unsuccessful outcomes?

(e) Does a review of relevant state databases and/or case files indicate patterns of service (for example, time spent in various statuses, IWRP goals) which facilitate the successful participation of American Indians with disabilities in the rehabilitation process, as well as successful rehabilitation outcomes?

Subject Population/Participants

The researchers surveyed directors of public VR agencies regarding the use of indigenous counselors and/or case aides/technicians for the purpose of both service delivery and outreach in their respective states. Such a program had been identified in Minnesota, and was selected to serve as a case study. In addition to a review of state MDRS databases and case files, the research involved interviews with former clients, current clients, and persons found ineligible for services; interviews with Indian leaders from affected reservations; and interviews with MDRS management and staff.

Procedures

The first step in data collection involved the documentation of responses to a letter of inquiry mailed to all directors of public VR agencies regarding outreach efforts and the use of indigenous counselors and/or case aides/technicians (see Appendix A). The letter asked for a description of the agency's outreach efforts to the American Indian population. If the agency did not have such a program, the director was instructed to discard the letter.

Concurrently, data collection began with a review of all existing documentation regarding the history, specific policies, management strategies, and procedures of the indigenous "counselor plus case aide" model service delivery and outreach program in Minnesota. Existing state databases regarding the client population served by this program for the most recent five years for which data were available at the time of the study were analyzed for demographic characteristics including age at referral, education level, sex, disability; types of services received; and work status both at referral and at closure (see, e.g., Fischer, 1991; Gibbs, 1990).

Additionally, a random sample of six case files from the most recent five years for which data were available at the time of the study was selected. The six case files were subjected to case analysis and individual case profiles developed. The six individuals were contacted and agreed to participate in structured interviews in order to obtain qualitative data regarding the process and outcome of service delivery associated with the "counselor plus case aide" program (see Appendix B). The randomly selected individual case files were chosen from the following VR client groups:

1) 1997 [current year] closures who were successfully rehabilitated (Status 26) - 1 person.
2) 1997 [current year] closures who began their VR plan but did not complete it (Status 28) or were accepted for services but no plan written by closure (Status 30) - 1 person [Status 28].
3) 1993 - 1996 closures who were successfully rehabilitated (Status 26) - 1 person.

4) 1993 - 1996 closures who began their VR plan but did not complete it (Status 28) or were accepted for services but no plan written by closure (Status 30) - 1 person [Status 28].
5) 1993 - 1997 closures who completed the VR application but were found not eligible for VR services (Status 08) - 2 persons.

Finally, the research team conducted face-to-face interviews with key informants, such as tribal leaders and VR professionals, in regard to both process and outcome variables.

RESULTS

Survey Responses

In May 1997, a letter of inquiry was mailed to the directors of public VR agencies in all 50 states (see Appendix A). The letter asked the directors to respond to the following questions:

1. Do you have, or have you ever had, specialized services, e.g., outreach, specific services etc., provided by your state agency to American Indians with disabilities?

2. Does your state agency have any personnel--American Indian or not--whose positions are dedicated to providing these services?

The VR directors were instructed to discard the letter if they answered "no" to these two questions.

Directors from 14 states responded to this letter, either describing their specialized services, or explaining their position in providing services to American Indians. The states that responded to the letter were Alabama, Alaska, Colorado, Illinois, Maine, Montana, Nevada, New York, North Carolina, North Dakota, Ohio, Oregon, Texas, and Wisconsin. [Minnesota is not included in this analysis due to its involvement in the research]. In April 1998, the directors from the 14 states who had responded to the letter of inquiry were asked to review and comment on a draft of the survey results (see Appendix C).

Specialized Services through Tribal VR Projects

Half [50% (7)] of the VR directors who responded to the first question indicated that there were tribal VR (Section 130 projects, now referred to as Section 121) projects in their state that helped to address the VR needs of American Indians with disabilities; the state agency may or may not have been involved with the Section 130 projects. The VR director in Montana wrote, ". . . Montana has four Section 130 Projects up and running out of the seven Reservations." Three (21%) state VR directors briefly described their programs in relation to the Section 130 projects:

> *Colorado Division of Vocational Rehabilitation has undertaken this through Section 130 Support, Denver American Indian Mental Health Coalition and the assignment of counselors for referrals.*

> *[North Dakota] We don't have any unique programs with the reservations. We just provide itinerant services as we do with rural communities. (In the two reservations with 130 projects, we are just starting to develop joint client services.)*

> *In addition to the Self Empowerment project introduced above, we also do some partnering with the two Section 130 Tribal VR programs established here in Oregon.*

Some of the VR directors [21% (3)] indicated that staff from their programs helped to write grant applications in an attempt to develop Section 130 projects in their states. These states were Alaska, New York, and Maine. Writing the Section 130 grant applications was generally done in conjunction with tribal organizations. For example, the VR director in Alaska wrote:

> *In Southeast Alaska, our VR Manager recently assisted the local Corporation in obtaining a Section 130 grant. In Northern Alaska, the*

VR Manager worked with several Native Corporations years ago to obtain their initial Section 130 grants. These corporations have received Section 130 funds for several years now.

The VR director in Maine wrote, "In addition, Maine DVR has actively participated in the development of a Section 130 grant application with the Passamaquoddys, which to date has not been funded." Finally, the VR director from New York said that the New York Vocational and Educational Services for Individuals with Disabilities (VESID) had taken certain initiatives that led to the "provision of technical support to the St. Regis Mohawk Tribe in the development of a Section 130 grant [not funded due to funding limitations; see Appendix C]."

Special Programs

Many of the state VR directors [43% (6)] who responded to the survey described the development of special programs that would improve services to American Indians. Most of these programs were implemented with the help of tribal governments or other organizations who provided services to American Indians. As the comments listed below indicate, the purpose of many of these programs was to increase cultural understanding among VR counselors:

Based on Demographic Information on Disability and Ethnicity material from the 1990 Census Information and updated using the 1994 demographics estimates developed by the National Planning Development Corporation, there are 360 American Indians with disabilities living in Maine. Maine Division of Vocational Rehabilitation has an active Cultural Diversity cadre with statewide staff representation and representation from minority groups including American Indians. For the past two years this Cadre has been focused on developing strategies to improve access to the State Vocational Rehabilitation for individuals from underrepresented groups. Part of this initiative has

included training for all staff on cultural diversity and skill development in working with individuals from diverse populations. American Indians from Maine reservations have participated as trainers in these sessions.

We [Nevada] provide outreach service through door to door services, presentations at Pow Wows, informational meetings and community referrals. Some of the on-site services that are available are: job development, job coaching, on-the-job training, vocational assessments, independent living assessments, and computerized clerical and GED prep. We have also assisted with vehicle modifications, clerical training, and relocation. . . . The Rehabilitation Coordinator II works very closely with the Social Worker, Employment Officer, EEO Officer, Substance Abuse Counselor, and Family Resource Worker. She meets with staff on a quarterly basis to discuss various needs on the reservation, and spends time brainstorming with staff members to come up with ways to address needs. She also assists with getting services from other public agencies.

Yes. We conducted a "Community Walk Needs Assessment," and developed a "Systems Change Plan," and a special report to the New York State Independent Living Council, Inc. These initiatives have led to the development of our first Native American Independent Living Services (NAILS), provision of technical support to the St. Regis Mohawk Tribe in the development of a Section 130 grant [not funded due to funding limitations; see Appendix C], and a "Native American Independent Living Research Project."

The Ohio Rehabilitation Services Commission is currently a participant in the Diné Project which is a federally funded project [The purpose of the Diné project is to improve services to American Indians and Alaska Natives with disabilities through the provision of a multi-faceted training

and development program directed toward rehabilitation practitioners in state VR agencies, American Indian Tribal Vocational Rehabilitation programs, and rehabilitation pre-service education programs]. As a result, we have increased our outreach to the Native American Community in Ohio, developed a better understanding of the Native American Culture and the impact on the VR process, established a partnership with the Native American Cultural Centers and other organizations, and have begun to explore program development/services which are culturally appropriate. A consumer who is Native American is a member of one of our consumer advisory councils.

For the past 4 years, Oregon VRD has been involved with a NIDRR grant project being administered by the Native American Research and Training Center (NARTC) at the University of Arizona in Tucson. The project is centered around the Self Empowerment program authored by Paul Skinner, Ph.D. and the cultural awareness program created by Carol Locust, Ph.D., both of whom are on the University of Arizona faculty. I have been involved in the project for the past 3 years, and sit on the advisory committee as well. I will include a copy of an article that was recently printed in our employee newsletter, as that will give you a good baseline regarding the project. Oregon VRD has had (does have) specialized outreach to Native Americans with Disabilities.

Most recently [in Wisconsin] there were three joint gatherings designed to include Native Americans; A) The DVR District Office in Superior and the Lac Courte Oreilles Objibwa (LCO) Community College jointly sponsored the Sixth Annual Multi-Cultural Conference at the LCO College May 21-22, 1997. More than 150 people attended the conference. Participants included DVR staff, other service providers and Native American persons. The Native American Counselor at the

Superior District Office along with the District Director began this program in 1992. The goal is to exchange information between the Native American community (its culture) and DVR (vocational rehabilitation services). A copy of our brochure is enclosed. B) On May 20, 1997, DVR and the Intertribal Council jointly sponsored the first annual workshop to share information on vocational rehabilitation services with Native American consumers and other, outside service providers. Approximately 75 people attended this workshop. The main goal was to provide basic information on the State vocational rehabilitation program and other information related to disabilities. A copy of this brochure is also enclosed. C) Sixteen tribal representatives attended a one day workshop on writing Section 130 Grants. Priscilla Sanderson and Treva Roanhorse of the Navajo Nation in Arizona presented the workshop. Priscilla is the Director for the American Indian Rehabilitation Research Training Center at Northern Arizona University. Participants agreed this was an excellent workshop and requested other similar future training. The Intertribal Council plans to submit a grant proposal in 1998 for the funding of vocational rehabilitation programs on the reservations. The Cultural Awareness Conference planning committee will meet July 23 to begin planning for the 1998 Conference scheduled to take place in Lac du Flambeau in the Spring of 1998.

Services other than "Specialized"

Five (36%) of the state VR directors indicated that they made an effort to provide VR services to American Indians, but they had no specialized services for them. The comments made by these directors are listed below.

We [Alabama] take referrals and provide services for individuals on and off the reservation. Of course, many of the services on the reservation are provided with only coordination and counseling from the vocational rehabilitation counselor.

Montana used to have Rehabilitation Counselor Aides who were members of specific tribes and who worked on specific Indian Reservations. These positions were deleted several years ago when our department lost a number of employees through a State reduction in workers. They have not been replaced, rather our Rehabilitation Counselors travel to the Reservations on a regular basis to provide services.

We [North Carolina] do not have any specialized outreach efforts for Native Americans except having large local offices on or near the two (2) primary bodies of Native Americans in the State. We also purchase services from the tribal councils' community rehabilitation program on the Cherokee reservation and a Community Rehabilitation Program (CRP) specialist that is near the Lumberton office.

We [North Dakota] don't have any unique programs with the reservations. We just provide itinerant services as we do with rural communities. (In the two reservations with 130 projects, we are just starting to develop joint client services.)

In response to your first question, the Commission did make special efforts to establish liaisons with a number of Native American tribes in Texas. However, there is no longer dedicated personnel assigned for this purpose. These efforts have been blended into the Commission's normal operations for referral and service to clients.

Specialized Personnel for American Indians with Disabilities

American Indian Counselors

Five (36%) of the state VR agencies that responded to the survey reported that they had counselors or counselor aides who were American

Indians. However, as the comments below indicate, even though some of the state agencies had American Indian counselors, their positions were of a general nature and were not dedicated to serving only American Indians.

> *In our [Alaska] most remote locations of Kotzebue and Bethel, we make every attempt to hire indigenous individuals to staff these offices. Both are currently staffed with indigenous individuals as paraprofessionals who work closely with counselors in Fairbanks and Kodiak.*

> *Our State agency [Montana] does have Native American personnel, however the positions are general in nature and are not dedicated to specific services on any of our reservations.*

> *The State Agency [North Carolina] has a number of Native Americans working as counselors and support staff, but do not support any specialized efforts.*

> *At the present time, we [Oregon] have only one staff person who is an enrolled tribal member whose position description is written to include outreach and "bridging" of the Indian and Anglo/European cultures, and of the VRD process. This individual is employed as a Human Services Assistant (counselor assistant) and has the working title of Native American Technician.*

> *[Wisconsin] Each district office in which there is a Native American Reservation has a DVR counselor designated as a liaison to the reservation. One of the counselors is a Native American person.*

Mixed/Non-Indian Counselors

Many of the state VR agencies [43% (6)] reported that they had non-American Indian counselors who received cultural sensitivity training or who

served American Indian populations. While these directors reported that, in general, counselors were non-Indian, there was also the case where an Indian counselor or technician was responsible for service delivery.

> *We [Alabama] have staff who have had special training at national conferences and seminars to keep updated on the inclusion of Native American consumers.*
>
> *[Colorado] Counselors are assigned this designation in their performance plans but the assignment does not encompass 100 percent of their job duties.*
>
> *We have 64 vocational rehabilitation counselors in Maine. We do not have any staff whose time is totally devoted to serving American Indians. We have five counselors, two casework supervisors, and one central office manager who serve on the Agency's Cultural Diversity Cadre. The purpose of the cadre is to improve access and improve outcomes for individuals from underrepresented groups which includes American Indians. We are actively supporting a new Section 130 grant application which will dedicate personnel to serving this population.*
>
> *The Ohio Rehabilitation Services Commission has designated Vocational Rehabilitation Counselors to act as liaisons to the Native American Cultural Centers and other organizations. Through training and participation in activities in the Native American Community, they have developed a knowledge of the culture, traditions and values of American Indians. This knowledge and understanding will ensure the equity of the provision of services to this population. We are also in the process of developing a job description for a contractual relationship with a representative of the Native American Community. The consultant will be the link between the consumer, the vocational rehabilitation*

counselor liaison, Native American organizations and Community Rehabilitation Programs.

[Oregon] There are additionally 3 VR Counselors (counting myself) and ***one additional HSA*** **[Human Service Assistant]** ***(who is also a tribal member)*** *who are specifically involved in the Self Empowerment project and therefore have some level of ties to the local Native American Communities. . . . We are hoping that there is interest in expanding the project to include many more VRD staff members. There is also some level of networking on the local level with various tribes and Native American programs/organizations which has not been quantified (emphasis added).*

Each district office in which there is a Native American Reservation has a DVR counselor designated as a liaison to the reservation. ***One of the counselors is a Native American person.*** *There are eleven reservations in Wisconsin. Most of the counselors hold regular office hours on the reservations. All of the designated counselors have general caseloads in addition to serving as the liaison (emphasis added).*

Lack of Specialized Counselors

Five (36%) of the state VR agencies reported that they did not have personnel, American Indian or not, whose positions were dedicated to providing specialized services to American Indians. Comments from the directors are listed below.

[Illinois] No personnel at this time.

We [Nevada] do not have staff whose positions are dedicated to providing these services. The Bureau of Vocational Rehabilitation has a staff of thirty-two Rehabilitation Counselors statewide.

No. We [New York] do not currently have American Indian counselors on staff. We have had such staff in the past. Presently, American Indians are part of our ongoing minority, unserved and underserved outreach effort.

In the two reservations with 130 projects [North Dakota], we are just starting to develop joint client services.

[Texas] There is no longer dedicated personnel assigned for this purpose. These efforts have been blended into the Commission's normal operations for referral and service to clients. [Brochures explaining VR services are available in Native languages.]

Minnesota Counselor Plus Case Aide Model

In addition to state agency historical documents, these data describing the Minnesota "counselor plus case aide" program were gathered through interviews with key informants Robert Lundahl and Dale Nelson, former MDRS administrators who were instrumental in the development of the case aide program. Selected components of an in-depth interview conducted on March 4, 1998 with the coordinator of the outreach effort, Sharon Johnson, also contribute to the description of the model.

Since 1973, MDRS has been providing specialized vocational rehabilitation services to American Indians with disabilities. These services have been centered in the Duluth Field Office, and have gradually developed into a two-part effort to serve Indian people both on the reservation and in urban areas. The commitment from the Administrative Office of Vocational Rehabilitation has been very strong; consequently the program has advanced, expanded, and has been refined to its present day form. There are now three American Indian counselors and an Indian Affairs Representative (case aide)

in northern Minnesota, with additional Indian Affairs representatives working as case aides in the metropolitan areas of St. Paul and Minneapolis (Lunz, 1998).

In 1973, monies became available from the Department of Health, Education, and Welfare in the category of Special Initiatives under the Rehabilitation Act. These monies were to be used to provide services to young people who were involved in the corrections system. A project was conceived that involved the corrections system and a grant proposal was written. The proposal was funded and a project developed which attempted to redirect people coming out of and cycling repeatedly through area correction facilities. A major emphasis was on serving American Indians; as first steps, a rehabilitation counselor and a case aide were hired. Eligibility for the grant-funded program was very basic: applicants had to be between 16 and 25 years old and have an adjudicated offense on their record. The Duluth Community Corrections Project lasted for the two years funded by the grant. The next year, MDRS funded the project under the same rules, and finally assumed the staff and made the positions part of the MDRS office. At that point, the traditional VR eligibility requirements were applied to all applicants.

The original counselor left in 1976 to become involved in the tribal government of his reservation, and an Indian counselor was hired to replace him. Services were provided to the urban Indian population in Duluth, and also at Fond du Lac Reservation, about 25 miles from Duluth. The original case aide, who was enrolled at Fond du Lac (Chippewa), was with the agency until she retired in 1978. Another case aide was hired and continued in the position until 1981. At that time, the Rehabilitation Services Administration began talking to MDRS about the fact that they were using money designated for case services to preserve positions, and were consequently overstaffed. This had come about because the agency had absorbed grant funded positions such as those of the Community Corrections Project when the grants ended. Furthermore, money sources were becoming stagnant, and the agency was having to conserve and stretch money more then they ever had to before.

Consequently, a series of layoffs took place and the Indian case aide position was lost.

For the next six years, until mid-1987, the entire effort to provide culturally sensitive services to American Indians was centered on one counselor position in the Duluth Field Office. Services were provided primarily to the Duluth urban Indian population and to the Fond du Lac Reservation, as much as possible. In 1986, the Director of Client Services approached the Supervisor of the Duluth office and asked for a proposal to expand the services to the reservations given time and distance restraints (see Appendix D). The supervisor and the Indian counselor designed a system they felt would expand the provision of services and have a chance of real success. This entailed a case aide, a Chippewa Indian, being hired with a job description that allowed for extensive travel to the reservations in Northeastern Minnesota on a regular, frequent schedule, and working with the Indian counselor who would also be traveling to the reservation part of the time with the case aide. The administration agreed to the proposal; these services are subsequently referred to as the Counselor Plus Case Aide Program.

Hiring a case aide who was not only Indian but a Chippewa Indian was somewhat of a challenge. It was necessary to avoid any suggestion of discrimination in the hiring process and in the job announcement. Furthermore, there was a problem with the state civil service system to overcome. If the job was advertised as a VR Technician, there would be many applicants and possible bidding for the job by people who were not equipped to provide the sensitive and culturally specific process that was necessary. These problems were eventually overcome by the position requirements of special knowledge and experience.

The reservations served by the Counselor Plus Case Aide Program are all Chippewa Indian reservations. They are spread across remote areas of northern Minnesota, and some are more distant and remote than others. The people are generally inter-related and very clan-focused within their own reservation groups. At the initiation of the Counselor Plus Case Aide Program,

there were seven reservations that had formed an umbrella organization of management called the Minnesota Chippewa Tribe. As a first step, the counselor and case aide attended a Tribal Executive Committee meeting, and a resolution was passed agreeing that it would be appropriate for MDRS to travel onto the various reservations to provide services (see Appendix E). Next, a letter was written to the chair of each of the reservations involved, asking permission to come to that reservation on a frequent schedule and also asking if the tribal government would provide some type of accommodations of space and phones where they might work. This was interesting to the MDRS administration, which felt that the VR agency should be able to just proceed; it was necessary to explain rather carefully to the MDRS administration that if any one of the chairpersons decided to say "No," then VR could not provide services on that reservation. However, all of the tribal leaders agreed, and an outreach process began which functions relatively unchanged to this day. The case aide spends 2 to 4 days per month on each reservation. Case aide activities are specifically limited to client finding, initial interviews and application procedures, addressing large and small groups to explain MDRS and its services, to develop good referral sources, and to keep friendly relationships growing. The counselor is on the reservation only half as much time as the case aide, but when there, does much more specific client work, such as counseling, writing Individualized Written Rehabilitation Programs (IWRP), job placement activities, and job development.

Perspectives of the Program Coordinator

Interviewer: Can you talk about any particular policies you have that make the program work, or management strategies, procedures?

Coordinator: . . . There has been a lot of dedication over the years by various people that has kept us going. As with any program, it has waxed and waned, usually with flow of money. . . . [I am allowed to] pretty much run my own life with regard to how this is done, and under the auspices of my supervisor. . . .

Interviewer: [So] one management strategy is to give you a lot of autonomy and freedom to do the outreach as you would like?

Coordinator: Yes. To plan it, to perform it, to do it, to schedule the time, to provide the services, to do anything that needs doing. . . . [The agency has] given us a tremendous amount of leeway; a tremendous amount of freedom to do what we thought best, to design things as we thought most appropriate, to try things and fail. On the other hand, there might have been times I would have appreciated a little more aggressive participation. But, it's hard to say. I certainly am a person that is pretty self-directed and, consequently, I may have begun to chafe under somebody else trying to run the show and give me instructions. . . . We were determined that there be an Ojibway Indian person as a case aide. . . . We were looking at not a grant-funded or soft money position but a hard money state civil service position. . . . We had to design a job announcement that *did not* state that you had to be an Indian person; as a matter of fact, we did have some non-Indian people apply. But we stated it in such a way that they had to have experience with and strong connection to at least one of the reservations in order to qualify. That was a little nebulous, but that was the best we could do under the circumstances. It worked.

Interviewer: Would you say that, in terms of recommending the development of similar outreach programs to other state agencies, that the idea of Indian personnel is, in fact, a key strategy to the success of the program?

Coordinator: Genuinely so. And I would even go so far as to say that if you are only going to be able to have Indian personnel in one job category, you are going to have better success having the case aide be Indian and the counselor non-Indian, than vice-versa.

Interviewer: And why is that?

Coordinator: Because the case aide is the one who, shall we say, breaks the ice--who spends at least twice as much time on the reservation, or more, than the counselor, who does case findings, referral contacts, explaining services to large and small groups and individuals, contacting various referral services and constantly apprising them of what we do; how we do it, why we do it, what changes have come about since the last time we talked to them and keeping those sources current so that they know that we're there. Maintaining a presence is just vital to this. On every single reservation we serve, we have gone through, at various times, dry spells when we had maybe one, maybe two, maybe none, actual clients and the referrals were just kind of off. But it seems kind of cyclical, and all of a sudden things will really start to pick up again on that reservation and maybe not be quite as active on some others. I think ***one of the most vital points to remember is that even during the dry spells, you've got to keep showing up, on a schedule, and be there and be a presence***.

Interviewer: What is it that the case aide does, and how does that differ from the rehab counselor?

Coordinator: Sometimes the counselor and case aide are together and do the same thing at the same moment, and sometimes they are separated, and sometimes they are there alone. But, for the most part, the case aide does case finding, initial interviews, takes applications, addresses groups of people to explain what our services are all about, and what our eligibility requirements might be--maybe go out and do some job development or talk to an employer or perhaps something along that line, with some peripheral placement kinds of things. The counselor, on the other hand, is doing more direct client contact, working with existing clients, writing, planning, counseling--a lot of counseling sessions, a lot of trying to find viable options--and, of course, the caseload

paperwork which, as with any government agency, is going to be heavy. Other than the registering of cases and requesting medical records, the rest of paperwork, in our state at least, is the province of the counselor because case aides do not spend money. They can only spend money under a counselor's signature. They do not write IWRPs; they do not make promises; they do not promise services; they do not provide specific IWRP-related services at all. . . .

Interviewer: You were saying *an Indian person as a case aide*--why is that so important? I've certainly had lots of folks tell me that they think that I'm a very good counselor--what's wrong with me [as a non-Indian]?

Coordinator: Because you're going to walk on to the reservation and you will not have the trust level. Not to say that we have some better trust level. But we have the necessary building blocks to gain the trust. We're Indian people, and we walked on and the first thing we started telling people is where we were enrolled and who we were. Dianna [the case aide] is related to some of the people at some of the reservations and it was cousins, and this and that, and extended family. I grew up right outside of Fond du Lac. My father grew up on the reservation, and so I knew a lot of people on that reservation--the familiarity --a willingness to talk about situations and things that they are not readily going to open up to. I'm not saying that a non-Indian counselor can't do this. They would have to give us the dedication that an Indian counselor would. They would have to understand the people, to get to know the people, to be consistently showing up, maintaining a presence. And you'll have to gain and earn the trust. There will still be people who will be very distrustful until they get to know that person. If we'd gone there and done a bad job, and had you gone there and worked with two or three people and done a really bang up job, then within five years time you would have a lot more success than we ever would. Because they are certainly going to look at what's happened--the track record of how you treated those people, of what you had been able to do for them, and the comfort level of the people that you did work with. Success breeds

success. But initially, starting up, it's a tough one. It's tough. . . . [Having] family connection was really vital, and it sure made the job easier initially, of going out to the reservation and trying to talk to people and getting things started. Had we shown any family favoritism, however, that would have been picked up on so fast. . . .

Interviewer: Well that's an interesting subtle point; while the family connection is important for acceptance and validity, [it] is not the same thing as showing family favoritism.

Coordinator: For sure not . . . . One of the things that the case aide and I discussed thoroughly and agreed upon explicitly was that we would be as neutral as we possibly could with regard to ever voicing an opinion on a situation about a person. We maintain impeccable confidentiality. We never carry tales from one person to another unless somebody says, "Please say 'Hi' to my mom if you see her." We'll carry that kind of greeting. But we never, ever talk about what we are doing with any of the people we are working with. It's impossible for us to maintain confidentiality as to whether we are working with a person. Frequently our state car is parked in front of their house, or we are meeting them in the restaurant or this or that, but as far as what else goes on, the only way anybody on the reservation ever knows is if that person tells them. And another thing that we were just adamant about is that we would never, ever under any circumstances become involved in any kind of reservation politics.

Interviewer: Are there any specific *positive aspects* of your program that you would like to address?

Coordinator: I think that we have had tremendous success on the reservation. We have served people and served them well who would never have done the things they did without our efforts, or would have maybe done them but not as rapidly, not as well, not with as much direction. . . . We have a familiarity and

trust level from 10 years of showing up every month, you know--all the time, twice a month. People ask, "When are you leaving?" "We're leaving at noon." "Oh, will you stop in the town 50 miles down the road and drop this lab work off at the hospital?" "Oh sure, we'll do that," you know, or somebody will bum a ride into town with us, or we have to take them into the hospital or something, or something urgent. We've had people call from the reservation, "When are you coming up? Could you get this for me and bring it to me?" A lot of different things like that. . . . Certainly, if we're going to provide services for which the agency will be extending funds, then it's done right straight arrow--we have the application, we write the plan, we do the acceptance, records, everything. But as far as people just needing help sometimes, needing help with decisions, needing advice, needing a favor, needing help with something or other, "Can you help me fill these forms out?," this kind of thing--I'm there. . . . We do all that kind of stuff and it's like getting credit in heaven. That stuff always comes home to roost. People know that you are there, that you will, can do that kind of thing, are willing to do that kind of thing, will sit down with them and read things to them so that they understand it. Explain what a form means. . . .

Successes are harder to come by on the reservation; they really are. For so many reasons--cultural reasons, sociological reasons, isolation, lack of employment, lack of employment opportunities. . . . Distance can make things more difficult, transportation problems. But when somebody does succeed, the rewards, for me, are so great. It is such a nice feeling just to know that you actually have an active part in that happening--that they might not have made it without you. Or, they might have but not as well and not as fast, so there's a lot of rewards to this. A lot of positive strokes when things go well. A lot of times when you're frustrated and you just want to say, "Why aren't things going better?," but you get past that. You can't let it get you down, you can't let it make you stop going to the reservation, and you know it's great because when you start this stuff, there'll be a real rush of applicants--many of them inappropriate because everybody and anybody is going to get referred or walk in the door to

see what it's all about. Although, interestingly enough, when we started, at each reservation we went to, they referred one person to us--one very severely disabled person to us. And they kind of stood back to see what we'd do, (laughter), how we'd do. And it was a really interesting process. But, say over the course of the first year and into the second year, there's a real rush of referrals, but then it will tend to slack off. You will have served, or be serving the bulk of the severely disabled people who are able to work and want to work. Then, it starts to slow down and you're still getting referrals but not at such a heavy rate and maybe not quite the same kind of referrals. We've noticed a lot of differences gradually over the last five years as the casinos have had success. The hotels either were there or they have been built and they're now functioning. And there are so many more employment opportunities on the reservation. There's one reservation where anybody who wants to work has two or three jobs, for example, a waitress, a security guard, and the night auditor--there's that much work available. They are just constantly looking to hire people. . . .

Interviewer: Okay. Let's talk about negative things. What are things that don't seem to work about your outreach program?

Coordinator: A lot of time lag. We have 60 days to determine eligibility and I use Status 03 frequently--Status 03 is just a holding pot, a holding place, an agreement between the counselor and the client that we are going to, for a valid reason, such as not yet having the necessary medical records or examinations done, or something along that line--for a valid reason we are not going to be able to make the eligibility decision within the 60 days. . . . I use that Status 03 more with the reservation population than I ever do with my other clients--my urban clients--but I use it much more consistently there due to the time constraints. We discuss what's going on, I get releases signed, go back to my office, send for medical records. The medical records come; now it takes a good three to four weeks for the medical records to come. If they have not

come into my office by the time I go to the reservation the next month, then I don't have an opportunity to be able to make that determination. If in fact, the records have come, but for whatever reason I'm unable to meet with that person that trip, I will make another attempt the following trip. But I may already be bucking up against the 60 days. And I'm unwilling to do the acceptance [without meeting with the person] even if we have the medical records showing them eligible. I want to discuss it and talk to them about it--go over the records and discuss it and show them what the eligibility criteria is about and how we determined this and do it face to face. So I usually use Status 03 until I can get back up there and meet with the person. One of the negative things is that sometimes it gets to be more drawn out than I'd like it to be as far as eligibility and actually getting services started.

Interviewer: What about negative pieces that have to do with management?

Coordinator: I think I would have liked to see some commitment from the administration with regard to set-aside money for this. . . . I receive an equal amount of money to run my caseload as every other counselor in the office. . . . When I might have begun lobbying to have a set-aside or try to push to have it done, I have in fact, probably done the opposite. I have backed off more and have just made my decisions with my caseload money that's available to me based on what I have to do. And truthfully, we've never been at a point that we've had to say no to anybody, other than the fact that they might want to ask for something outlandish.

Interviewer: But are you the only counselor who has a case aide?

Coordinator: Yes.

Interviewer: So that in fact, the program then has no extra money, other than you do have the extra staff.

Coordinator: All of the commitment has been: 1) they are going to pay my salary and acknowledge that it is dedicated to doing this and 2) the travel money for the number of trips that we take to reservations. What the over-night stays might involve comes out of the office travel budget. . . .

Interviewer: We talked earlier in terms of why it was important that, in terms of outreach at least, the outreach worker be Indian versus non-Indian. Similarly, though, can you talk about why it is or is not important for the American Indian client or consumer of services to have an American Indian counselor?

Coordinator: As I said initially, if they're going to have both categories of people and if only one of them can be an Indian person, it's better to have the case aide be the Indian person because the case aide is the one who is going to break ground for the counselor--going to set the stage, that's going to make contacts, that's going to prepare the people for what happens next when we take the applications, when we explain services. They are going to establish the comfort level and will be there in the interview when the client first meets a non-Indian counselor. . . . So, it might be the scariest thing in the world for me as a client to have to go into the city, find the office, walk in, and meet with a non-Indian counselor. But if I'm on my own reservation, and I'm with you, who I've met, and who I trust, because you're another Indian person, and you say this is going to be okay, and you know this person and you're going to be there with me when we go into meetings, then it's probably going to be okay, and I will talk.

Interviewer: But apart from that, why would it be important or not for the Indian person to actually have an American Indian counselor.

Coordinator: The comfort level, the understanding. The American Indian counselor is going to have an understanding of the person's problems and will

receive information from them on a level that a non-Indian person will never get the information. And if the non-Indian counselor does get that information, it will be because it is one man telling another man how things are, or one woman telling another woman. Because culture will never enter into it. That exchange of information will be because the trust level has been maintained and they trust you enough to be willing to tell you. . . . I think it's good, I think it's more comfortable, it's easier for an Indian person to have an Indian counselor, or at least have an Indian involved in their rehab, even if its at the case aide level--someone that they know and they trust, just purely on the basis they're another Indian person.

Interviewer: What specific costs do you see associated with the outreach program that are not a part of traditional forms of service delivery? One thing you mentioned was extensive transportation costs.

Coordinator: There are certainly a lot of transportation costs because the case aide is on each of these reservations twice a month. I am there once a month with her. We, of course, have the overnight stays and per diems and things like that. All of that comes out of our office travel budget. . . . The transportation is one issue. The existence of the case aide position is only because of the services to the reservation. Consequently, any and all costs involved with that position are "extra." . . . Everything about that position is designed to work on the concept that ***Indian people should not have to leave the reservation to acquire our services***. That has always been the philosophy that I have purported from the moment of inception of this, that people should not have to leave the reservation to have access to our services. And that's the whole premise upon which we built the program.

My costs for clients run medium to low within our office (all of my clients averaged together) and there's also a state-wide average. If the clients on the reservation were going to suddenly become--be a lot more expensive, it would

start to show up, and it doesn't so I don't spend excessive amounts of money out of the average budget. Like I said, maybe some of the services we provide are a little bit unique, at times, to meet a particular need--but not necessarily more expensive.

Interviewer: What specific benefits to Indian people with disabilities do you see with the outreach program that are not a part of traditional forms of service delivery. We may have already covered some of this. . . .

Coordinator: Well, obviously, ***they don't have to leave home in order to acquire our services***. ***They don't have to leave the reservation if they don't want to***. What kind of jobs are you going to find them? Well, we're going to find jobs that are available on the reservation, where the people are--you know, supply and demand--what do people want that they don't have and what are they willing to pay you for it. If your choice is not go to school, not get any training of any sort and never leave the reservation, I'm not here to tell you that you have to do any of those things. If you choose to do those things I can help you do them. I can help pave the way and make it easier for you to leave and get the education, to look at the jobs that are available and pick one and say, let's go get trained for that. But if you choose not to, then what we're going to do is, we're going to look at what's available. And maybe what you're going to do is become a wood chopper. People pick up wood all winter long, maybe you're going to start cutting wood. You know, buy wood, cut it up, chop it up, sell it to people for firewood in the winter. Maybe you're going to, oh, I don't know--become a traditional . . . you know, if you're leaning in that direction to begin with. That's a matter of age and respect, as much as anything. Whatever it happens to be, whatever the needs happen to be, but the benefit is they don't have to leave the security of the reservation--especially during the planning phases. Maybe what you can do is talk them into going to school, or convince them that the help and assistance will be there, help them find ways of doing it, driving down to Hibbing to look at the college, to look at housing, these sort of

things, but they can live at home, stay at home, stay where they are, right up to the time that they have to go to school, do all the planning--I see that as a benefit.

[Also] maybe the closeness, not just with the client but with the whole family, that you tend to achieve. Knowing people's background, holding their babies on their lap while they feed you coffee and cookies and writing a plan with one hand and you're holding a baby and they're holding a baby. Don't you think that benefits them? . . . They don't have to fight their way to the city bus through snow to get to an office to write a plan. You do it at the kitchen table.

Interviewer: Would you recommend any changes to the outreach program?

Coordinator: We need a dedicated counselor, a counselor that is dedicated to only this process. . . . At least half my case load is non-Indian people. I work with the HIV population in Duluth; I work with the SPMI population [severe and persistent mentally ill], and that is a pretty distinct population in Duluth because of the closing of the state hospital that was fairly close by. Many of those people have come in to live in the group homes. . . . I sit on committees and make presentations and do a lot of other things. Paperwork requirements are heavy and I tend to be pretty compulsive about doing it and trying to do it well. It becomes necessary to spend time doing paperwork, just that. Not that I think that counselors should be allowed to just go out and do all this stuff and never have any accountability and object to the paperwork. I think that the paperwork load (requiring about a third of my time) is hard for any counselor that's carrying a 125 - 175 clients at any given time.

My case aide is due to retire within two years. I'd love to have a guarantee that this position will remain; I think I have some hesitation in my mind as to whether it will. . . .

When I started in this job [in 1976], there was a case aide attached to it. And I saw what she did and the way she worked and what an assistance it was to the counselor at that time. And I worked with that woman for about three or four years before we lost her; she retired and then we had somebody else in the position and then we lost the position.

Interviewer: What is the value of the counselor plus case aide model?

Coordinator: It totally benefits the Indian people. You're able to go to the Indian reservation and provide services to Indian people on their home ground where they're comfortable--where you can actually have access to the people whom you never would see if it was a matter of them coming into your office, into the city and into your office. And what are you going to do for them anyway, from Duluth, you know, when they live 165 miles away? . . . ***I'm going to say that without the case aide, we would not have served half of those [we have]***. Even if I, as a Indian person, as a counselor, were trying to make it to the reservations on a monthly basis, each reservation, we would have had to dedicate more of my time to working this process so that I would be doing the job of both the case aide and the counselor, and even then, there comes a limit as to how much you can do.

Interviewer: What other things, in terms of the success of the program--we were talking yesterday about the overall MDRS philosophy that enabled you to put clients in school versus entry level positions. To what extent has that kind of philosophy, or other pieces of MDRS, contributed to the success of your work?

Coordinator: I think it has, really, it has, contributed to a tremendous number of Indian people going to school that never would have gone. It has contributed to people having a higher professional level of job and being able to go home to

the jobs, go back to the reservation and take jobs that they never would have been able to have without the encouragement that we gave them, without the assistance that we gave them, without the patience that we had. . . . And just to see people do things that they did not--would never have believed they could do and would never have gotten done. And that is not to take credit from them. We certainly didn't do this; they had to do it themselves. It's never been my role to try to tell people what to do. It's always been my role, as I have seen it, to try to help people make decisions as to what they would like to do with themselves and to help them accomplish those ends. . . .

[Also] the dedication of the case aide to what we do. Her wholehearted belief that what we're doing is worthwhile, the fact that we've had stability of staff because we haven't had a new counselor every six months or every year or every 18 months. We haven't had a new case aide every two months, or three months, or six months, or year. I think that has added a lot of ***stability*** to it, the same people showing up every single month, again and again and again. Nobody thinks anything of it when they see us wandering around the reservation, no matter where we are and no matter what we're doing. People just accept the fact that we've been there for so long that we're just a fixture and people talk to us and people are willing to talk to us, we have track records on all of these reservations and I think that kind of stability has made a lot of difference.

Without the full cooperation of the administration, we couldn't have ever done this. For years and years and years and even during the dry times, you know, where there wasn't a lot of money around, when there were no new positions being created, when the agency was tightening the belt, the area director and the supervisor were willing to stay with it. They were willing to say this was a worthwhile thing we're doing and through thick and thin stuck with it. And that's why it's worked as long as it has, and why it has evolved to the point it has.

Interviewer: What about the role of keeping promises in terms of the success of your program?

Coordinator: That's just been our guideline: ***Don't make promises that you can't keep and keep the promises you make because that, more than anything is going to decide whether or not you do well on the reservation. . . .*** You can spend five minutes mouthing off and spend five years making up the ground you lose when you don't come through. You will run into enough of that just by what people thought they heard you say or hoped they heard you say and then get disappointed about not finding it to be true even though you never promised and didn't say it, and just getting past those is going to be hard enough work. If you actually are out there being grandiose and coming through with nothing, you'll have no respect. And more than anything, I think that's what you do--you go out there, you gain trust and you gain respect from people. And you do it by what you do--you get that by what you do and not by what you say.

Also, it takes a lot of kind of upbeat things--you can't be a negative person. If they come in afraid and crying, and they go out feeling worse than they came in the door, you haven't accomplished a lot. You've got to be a cheerleader; you've got to be a mom; when the occasion arises, you've got to fill the role that the person needs. If they need to cry, you've got to let them and comfort them; if they need to be angry, you've got to let them do that and sometimes you've got to let them be angry at you. And you know, once they get it out of their system, they settle down and then you can do business. You've got to sell hope, ***sell hope like you're selling socks, constantly, because that's what people are going to live on***. Because they've got nothing else to hang onto--nothing. They haven't succeed in anything they've ever done. These people have dropped out of high school, they never got a GED, they've been drinking since they were 14 years old, they were married, they were divorced, they watched their family go to destruction and ruin, and I'm sitting there trying to make them feel good about

the fact that they can go to school and be something. Well, they want to believe what I'm saying. . . .

Woody Allen said 85% of life is showing up. And I think there's a lot of that here--you just show up, you're there, you're on time, you come when you said you're going to come, you do what you said you're going to do--you said, "I'm going to go home and mail this to you"--and then you go home and mail it to them. After awhile people believe you and if they can believe what you tell them about routine ordinary things, then probably they can start to believe that they can believe you when you're telling them things about themselves: "You can do this, you're tough, you're strong, you can do this. Don't give up, you can do this." You say that 207 times to people and after awhile they start to believe you--"I can do this." It makes a difference to people.

Interviewer: Well, I have two more questions for you. And the next one is going to be the hardest. And I think you've been talking a little bit about yourself now, how you like to operate and you've got tears in your eyes--you know, here's the question you've been waiting for. Who are you anyway? I mean, you are the counselor who's running this thing, what's your interest in doing this? What about you makes or breaks this program? Can you be replicated? You've been there 20 plus years.

Coordinator: When I retire, they'll find somebody who'll do it and do it better. Because they won't be bogged down in 20 years of slogging through mud to get to where we are. You know, they'll walk in with the track record already set and they'll just have to go on and say, "You know, we can do this and we can do that," and it'll be fresh blood and new air, and it'll be wonderful. It's not just me. It's not because of me; it's because they had an Indian person who was willing to go out there and say, "I'm an Indian person and I'm here to tell you that you can do this." Or that, "We've got things that you can do and we're willing to help you try and do them." I am an extremely pragmatic person. In the face of what

might happen, what should happen, what could happen--my choice will always be, "What has to happen here and what's the most practical and expedient way of getting it done." That is always where I will come from and always the way I'll operate and sometimes it has made an awkward mesh with rules and regulations. But I also am a believer in organization and the rules and regulations. I don't believe in chaos and I don't believe that disorganization ever accomplished anything or made things better in any circumstances. So I tend to be an organized person, I tend to read the rules and know the rules, and I don't go out of my way to break rules and ignore rules. . . . If I have a quality that has stood me in good stead through this entire thing, I would have to say, ***it is not only the ability, but the willingness to see every client who has ever come in the door as an individual person***.

I don't think just anybody could do this job--for example, somebody who is too rigid and who is too fine-lined on rules. . . . I've always figured that if I were to make a mistake in an eligibility decision, I want to make a mistake on the fact that I accepted someone's file that maybe was a little marginal--as opposed to not serving someone who really needed our help. . . .

Interviewer: Can you address how and why the state agency should care about serving American Indians?

Coordinator: When we were talking about the administration, I made reference to the fact that the absolute bedrock in this whole process has to be the ***acknowledgment by a state agency administration that they want to provide specific services to Indian people living on reservations. . . .*** That commitment has to be there. That willingness has to be there. . . . I would say to administrators who are seriously thinking of maybe trying to do something along these lines: Don't ever force anybody to go on the reservation who is not sure they want to do it. They will do more harm then good, number one. They will never be happy, number two. Find people who have dedication, who are

willing, and I don't care if they are Indian or not. If you can't find or you can't hire people who are Indian to begin with, then do it with non-Indian people. But do it. But find people who want to, find people who believe in what they are doing, who believe that they can make a difference and who want to try to do it. Because you are just beating a dead horse otherwise. Your programs have failed before you've spent the first dime or done the first deed.

Demographic Information Regarding Clients

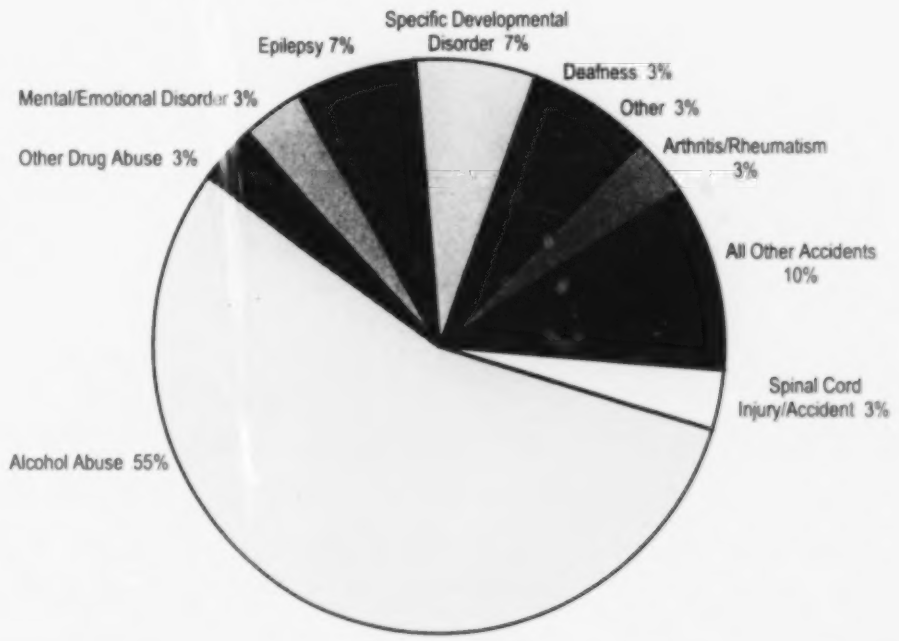
The Minnesota Department of Rehabilitation Services (MDRS) collects service delivery and closure data on all clients. For the purposes of this study, only rural and/or reservation-based American Indian clients were included. Urban American Indians, although they may have benefited from the Counselor Plus Case Aide Program, were not the target of the program and were therefore not included in this study. The following data include clients who were closed (services terminated) between fiscal years 1993 and 1997 (October 1, 1992 - September 30, 1997). Closures included Statuses 08, 26, 28, and 30 (defined pp. 7-8).

From fiscal 1993 through 1997, the cases of 175 rural and/or reservation-based American Indian clients served by the Counselor Plus Case Aide Program were closed, representing 42 successfully rehabilitated clients (closed Status 26), 62 individuals who were closed Status 28 or 30, and 71 applicants who did not qualify for, or did not pursue VR services (Status 08). All data were obtained from the Client Data Entry form that is completed by the rehabilitation counselor during the life of the file and at closure; data regarding the sex of the client were obtained from the original application for services form as reported by the client. For fiscal years 1993 - 1995, urban and rural status data were collected by MDRS. For fiscal years 1996 and 1997, those data were provided by the rehabilitation counselor based on knowledge of the clients. For the year 1993, much of the data were missing, partly as a result of MDRS not collecting quantitative data for certain client characteristics, such as functional limitations. Other data were simply missing for unknown reasons.

The data were entered into *SPSS for Windows* and statistical analyses revealed the following:

Figure 1 represents the primary disability among rehabilitated clients (those who were closed Status 26) between 1993 and 1997. Alcohol abuse was the major cause of disability [55% (16)], followed by accidents [10% (3)] resulting in orthopedic impairments (except amputations). Some accidents or injuries resulted in spinal cord damage [3% (1)]. These data are presented by year in Appendix F on Table 5.

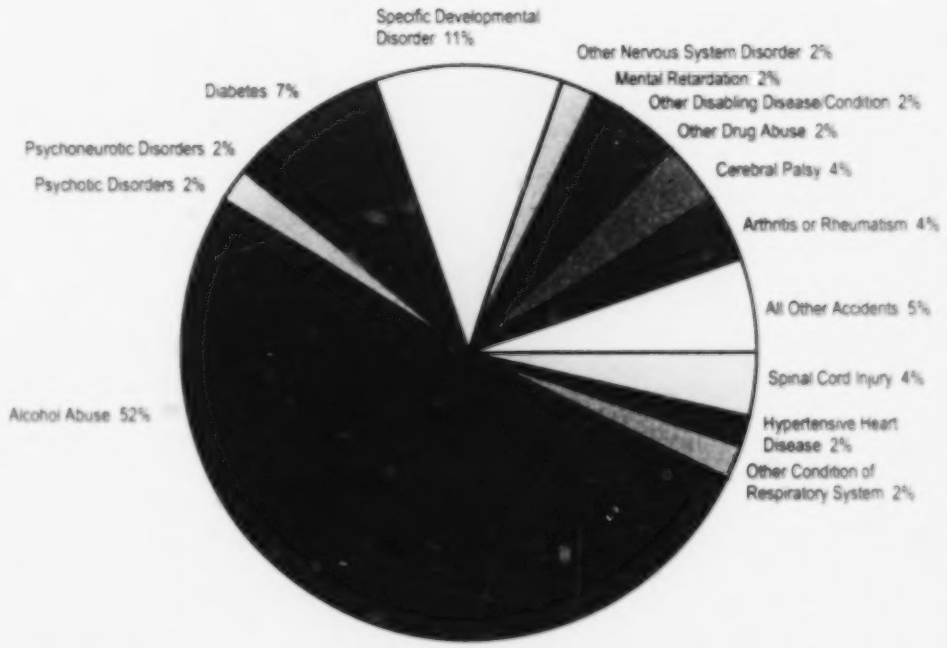
Figure 1
Major Cause of Disability among Rehabilitated Clients, 1993 - 1997
(n = 42)*



* Note: As data were missing for 13 cases, only 1 case from 1993 is included; % based on n = 29.

Clients who were closed Status 28 or 30 had a greater variety of disabling conditions than those who were successfully rehabilitated (see Figure 1A). Alcohol abuse [52% (29)], specific developmental disorders [11% (6)], and diabetes [7% (4)] were the most common primary disabilities for these clients.

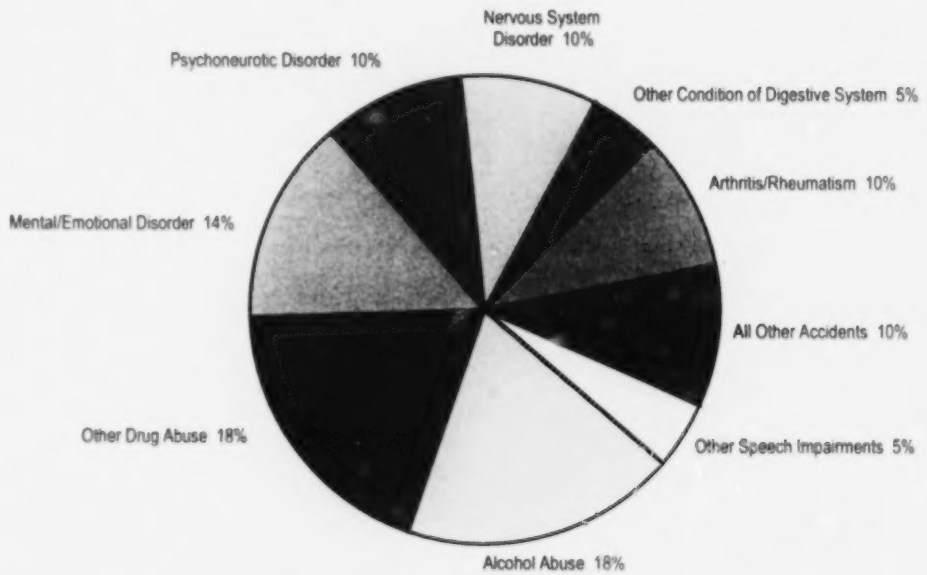
Figure 1A
Major Cause of Disability among Clients Closed Status 28 or 30, 1993 - 1997
(n = 62)*



* Note: As data were missing for 6 cases; % based on n = 56.

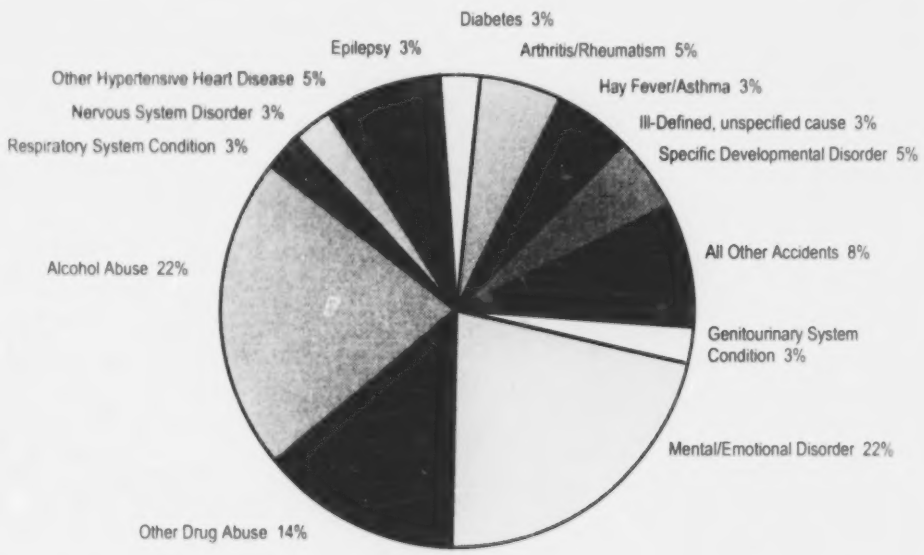
Figure 2 illustrates that of the 42 individuals who were successfully rehabilitated in 1993 - 1997, 21 (50%) reported having a secondary disability, and included alcohol abuse [18% (4)], other drug abuse [18% (4)], and mental or emotional disorder [14% (3)]. These data are presented by year in Appendix F on Table 6.

Figure 2
Secondary Cause of Disability among Rehabilitated Clients, 1993 - 1997
(n = 21)



As with primary disability, clients closed Status 28 or 30 showed a greater variety of secondary disabilities compared with those who were successfully rehabilitated (see Figure 2A). The three main types of secondary disabilities for these clients were alcohol abuse [22% (8)], mental and emotional disorders [22% (8)], and other drug abuse [14% (5)].

Figure 2A
Secondary Cause of Disability among Clients Closed Status 28 or 30, 1993 - 1997
(n = 62)*

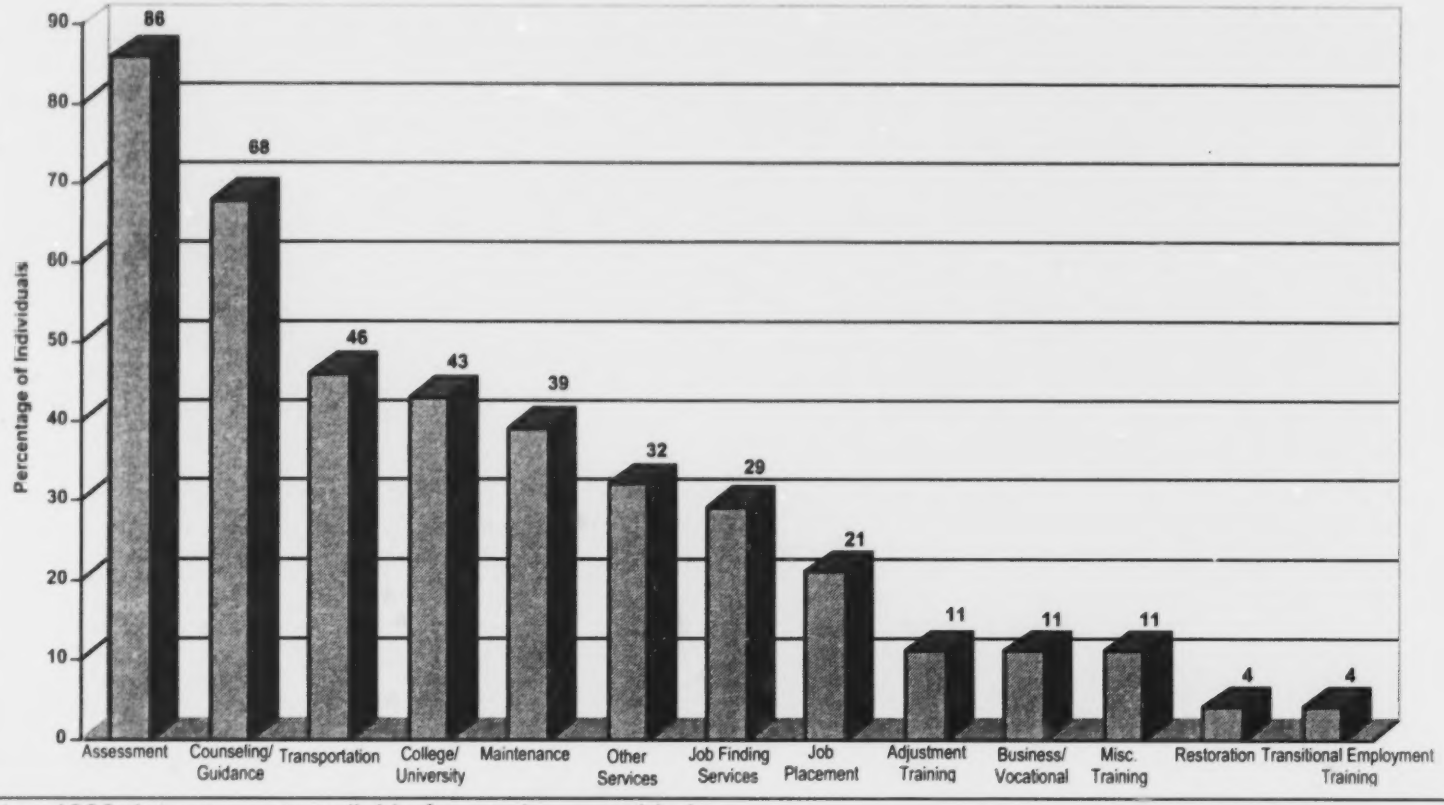


* Note: Thirty-seven (37) of the 62 clients who were closed Status 28 or 30 had a secondary disability.

As Figure 3 shows, the three primary services received by rehabilitated clients were assessment [86% (24)], counseling and guidance [68% (19)], and transportation [46% (13)]. Training was also an important service for

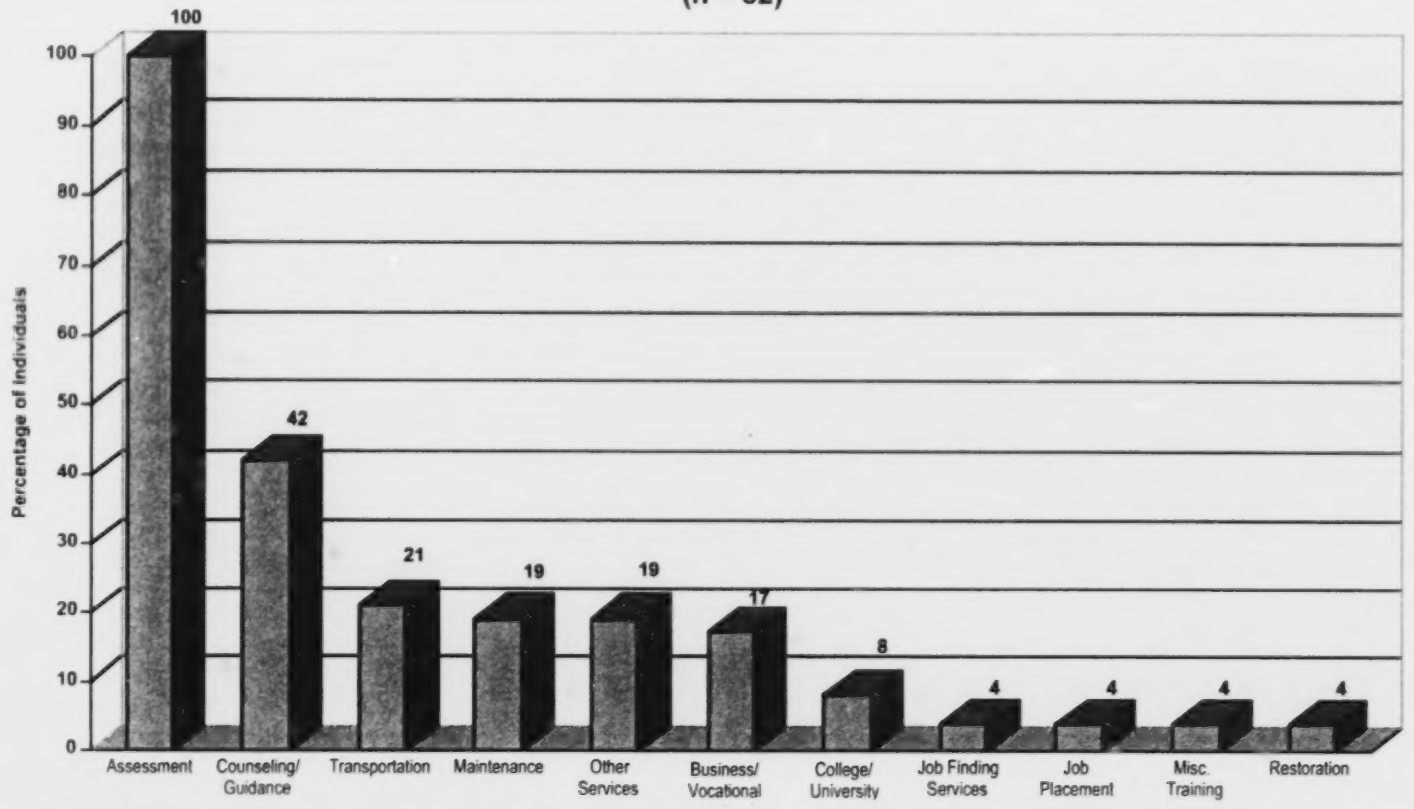
rehabilitated clients, including college or university classes [43% (12)], adjustment training [11% (3)], business/vocational training [11% (3)], transitional employment training [4% (1)], and other types of training [11% (3)]. Almost one-third [29% (8)] of the clients needed job finding services. These data are presented by year in Appendix F on Table 7. In comparison to those clients who were successfully rehabilitated, Figure 3A demonstrates that overall, a smaller percentage of those closed either Status 28 or 30 received services. Assessment [100% (52)], counseling and guidance [42% (22)], and transportation [21% (11)] were also the primary services received by clients closed Status 28 or 30. Training and job services were less likely to be provided for these clients.

Figure 3
Percentage of Rehabilitated Clients and Services Received,
1994 - 1997
(n = 28)



Note: 1993 data was not available for services provided.

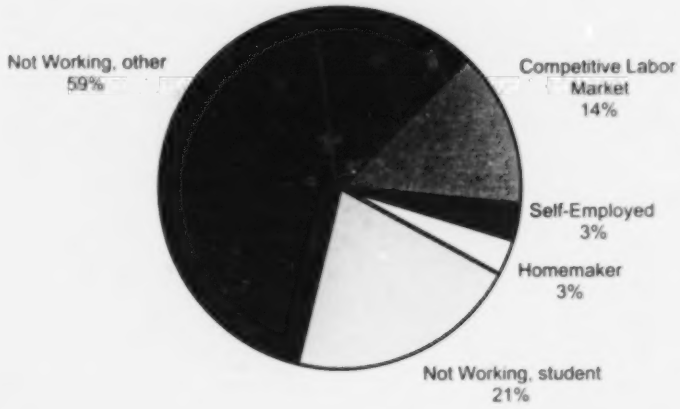
Figure 3A
Percentage of Clients who were Closed Status 28 or 30 and Services Received, 1994 - 1997
(n = 52)



Note: 1993 data was not available for services provided.

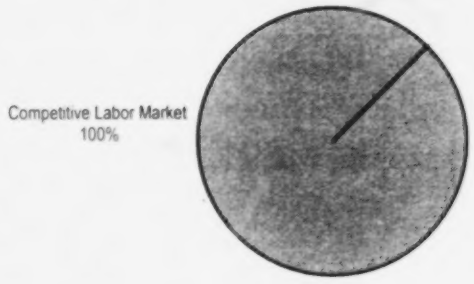
A majority of rehabilitated clients were not working [80% (23)] when they initially entered the VR process (see Figure 4). Of those who were employed, 14% (4) worked in the competitive labor market, and 6% (2) were either self-employed or homemakers. These data are presented by year in Appendix F on Table 8. After completing the rehabilitation process, all clients were successfully employed in the competitive labor market (see Figure 5). These data are presented by year in Appendix F on Table 9.

Figure 4
Work Status of Rehabilitated Clients *Before* Rehabilitation, 1993 - 1997
(n = 42)*



* Note: As data were missing for 13 cases, only 1 case from 1993 is included; % based on n = 29.

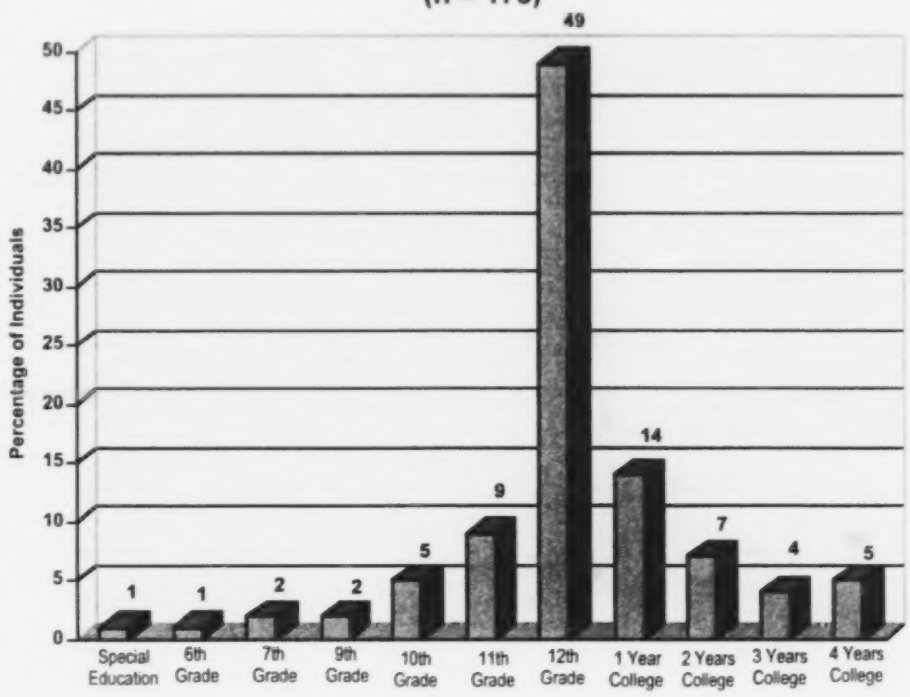
Figure 5
Work Status of Rehabilitated Clients *After* Rehabilitation, 1993 - 1997
(n = 42)*



* Note: As data were missing for 13 cases, only 1 case from 1993 is included; % based on n = 29.

At referral almost half of the individuals [49% (36)] who applied for or received VR services had completed a high school education (see Figure 6). Forty-two (42) individuals (30%) had completed some level of college education, with 7 (5%) having completed a college degree. These data are presented by year and closure status in Appendix F on Table 10.

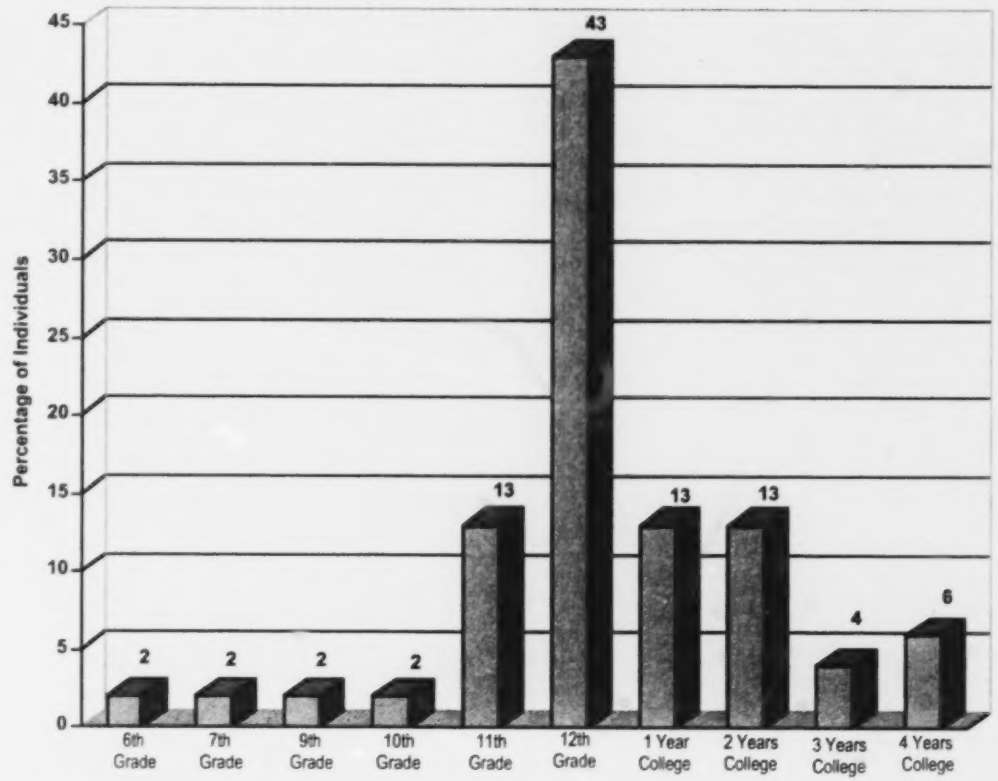
Figure 6
Education Level of Individuals at Referral,
1993 - 1997
(n = 175)*



* Note: As data were missing for 37 cases in 1993 and 1 case in 1994; % based on n = 137.

Over three-quarters [79% (42)] of the applicants who did not qualify for services (Status 08) had graduated from high school or continued on to college (see Figure 6A). Twenty-one percent [21% (11)] had not completed high school.

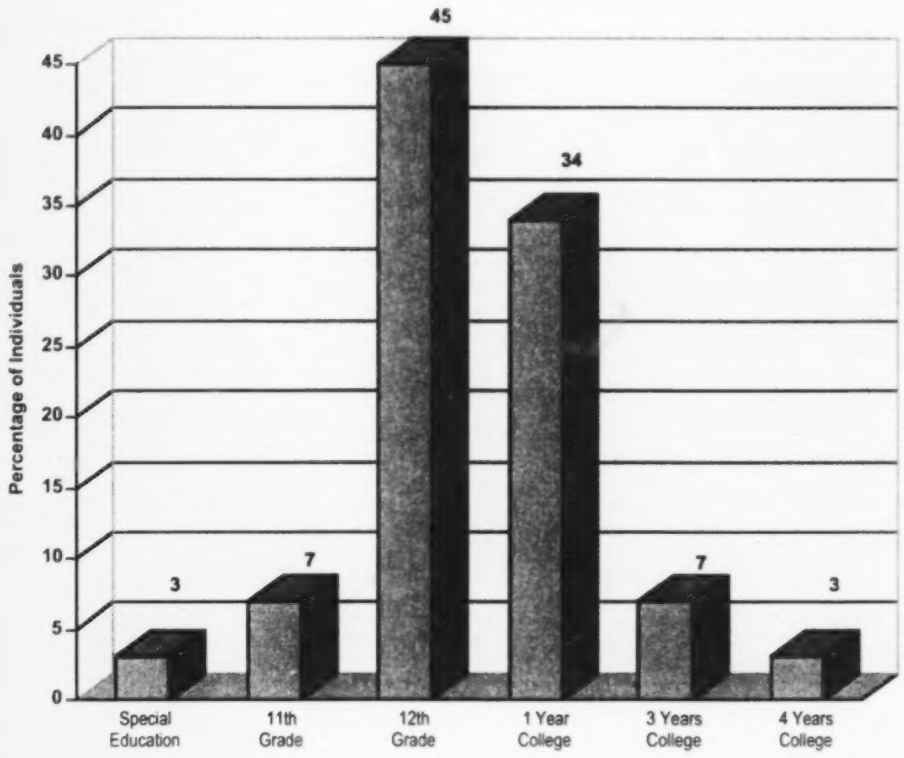
Figure 6A
Education Level of Individuals Not Accepted (Status 08) at Referral, 1993 - 1997
(n = 71)*



*Note: As data were missing for 18 cases; % based on n = 53.

Figure 6B shows that the majority [89% (26)] of rehabilitated clients had completed high school or had furthered their education with formal college coursework at referral. Only 10% (3) of these clients had not completed high school.

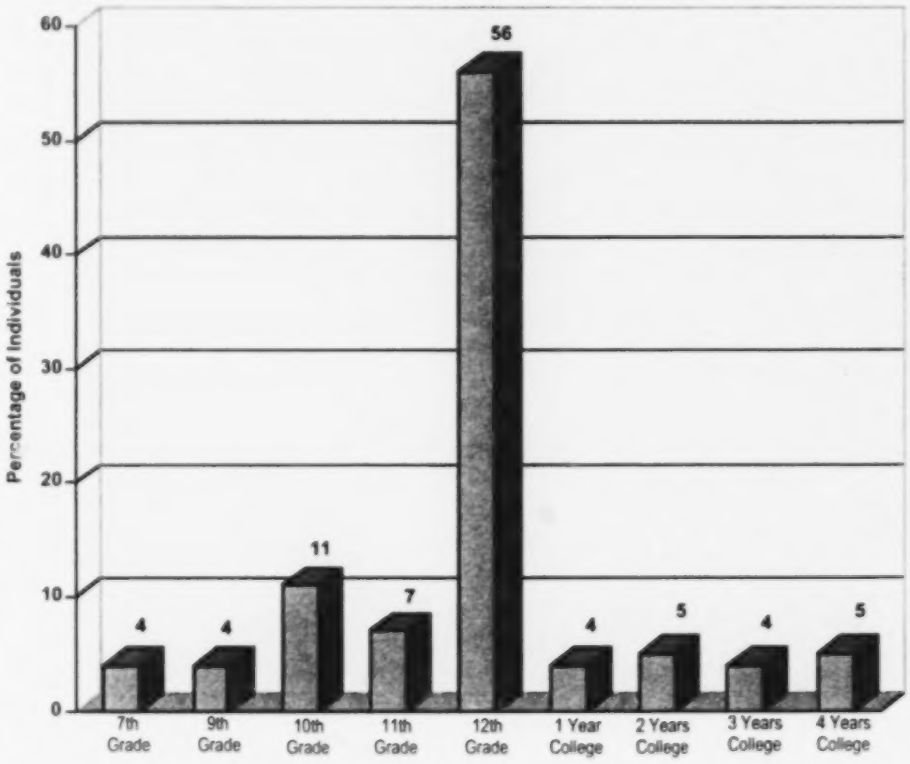
Figure 6B
Education Level of Rehabilitated Clients (Status 26) at Referral, 1993 - 1997
(n = 42)*



* Note: As data were missing for 13 cases; % based on n = 29.

Those individuals who were closed Status 28 or 30 constituted the highest percentage who had not completed high school [26% (14)], but also the highest percentage [56% (31)] who had obtained a high school diploma (see Figure 6C).

Figure 6C
Education Level of Individuals Closed Status 28 or 30 at Referral, 1993 - 1997
(n = 62)*



* Note: As data were missing for 7 cases; % based on n = 55.

The average age of those applying for VR services from 1993 to 1997 ranged from 29 to 34 (see Table 1). The youngest applicant was 15 years of age (in 1995) and the oldest was 62 (in 1996).

Table 1

Age (in Years) at Referral, 1993 - 1997
(n = 175)*

	1993	1994	1995	1996	1997
Average	33	31	29	31	34
Minimum	16	17	15	17	18
Maximum	55	56	45	62	57

* Note: As data were missing from 37 cases in 1993; % based on n = 138.

The average age for applicants at referral who were not accepted (Status 08) ranged between 30 and 34 years old (see Table 2), with an average of 32 years old. For successfully rehabilitated clients, the average age ranged from 26 to 37, with an average of 32 years old. Individuals who were closed Status 28 or 30 ranged in age from an average of 28 to 37, and averaged 31 years old (see Table 2).

Table 2

Age (in Years) at Referral by Closure Status,
1993 - 1997
(n = 175)*

	1993	1994	1995	1996	1997
Not Accepted (n = 71)	34	30	31	31	32
Closed Rehabilitated (n = 42)	37	32	26	35	27
Closed Status 28 & 30 (n = 62)	31	29	28	29	37

* Note: As data were missing for 37 cases in 1993; % based on n = 138.

Table 3 shows that the amount of money spent on the rehabilitation process, combining those who were not accepted for VR services, those who were successfully rehabilitated, and those closed either Status 28 or 30, ranged from $0 to $19,168. Sixty-two percent [62% (97)] of applicants received $200 or less. An average of under $50 was spent on individuals who were not accepted into the VR process (see Table 4). Clients who were closed either Status 28 or Status 30 typically received under $300, except in 1995 when the average was almost $900. Those who were successfully rehabilitated received greater financial assistance, typically around $1000.

Table 3

Amount Spent on the Rehabilitation Process, 1993 - 1997 (n = 175)*

	1993	1994	1995	1996	1997
Average	$214	$536	$486	$594	$307
Minimum	$5	$0	$0	$10	$7
Maximum	$3,870	$2,740	$3,603	$10,207	$19,168

*Note: As data were missing from 13 cases in 1993, 5 cases in 1996, and 1 case in 1997; % based on n = 156. The most extreme high and low values were excluded from the analysis to compute average.

Table 4

Average Amount Spent on Rehabilitation, 1993 - 1997 (n = 175)*

	1993	1994	1995	1996	1997
Not Accepted (n = 71)	$49	$14	$36	$40	$40
Closed Rehabilitated (n = 42)	$335	$1,086	$1,087	$2,078	$946
Closed Status 28 & 30 (n = 62)	$283	$142	$887	$223	$115

*Note: As data were missing from 13 cases in 1993, 5 cases in 1996, and 1 case in 1997; % based on n = 156. The most extreme high and low values were excluded from the analysis to compute average.

There were 110 (63%) males and 65 (37%) females who applied for VR services between 1993 and 1997. Figure 7 illustrates the ratios of males to females within each closure category; of the successfully rehabilitated clients, the majority was female [52% (22)]. In fact, females were successfully rehabilitated in greater numbers over time than males, becoming the majority of Status 26 closures from 1995 to 1997 (see Figure 8).

Figure 7
Ratios of Males to Females by Closure Status, 1993 - 1997
(n = 175)

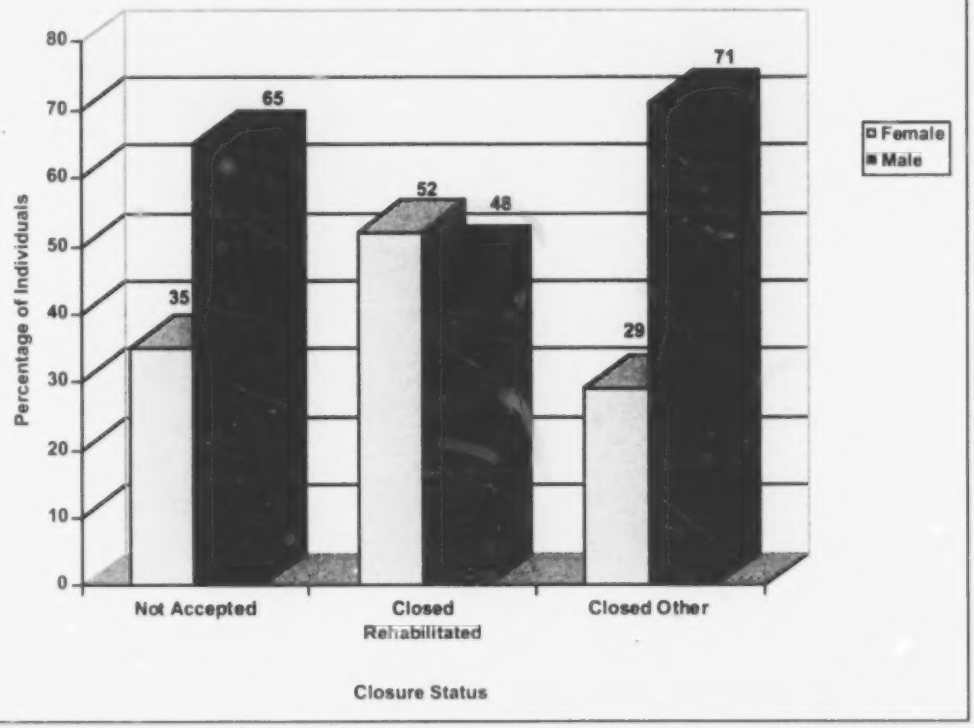
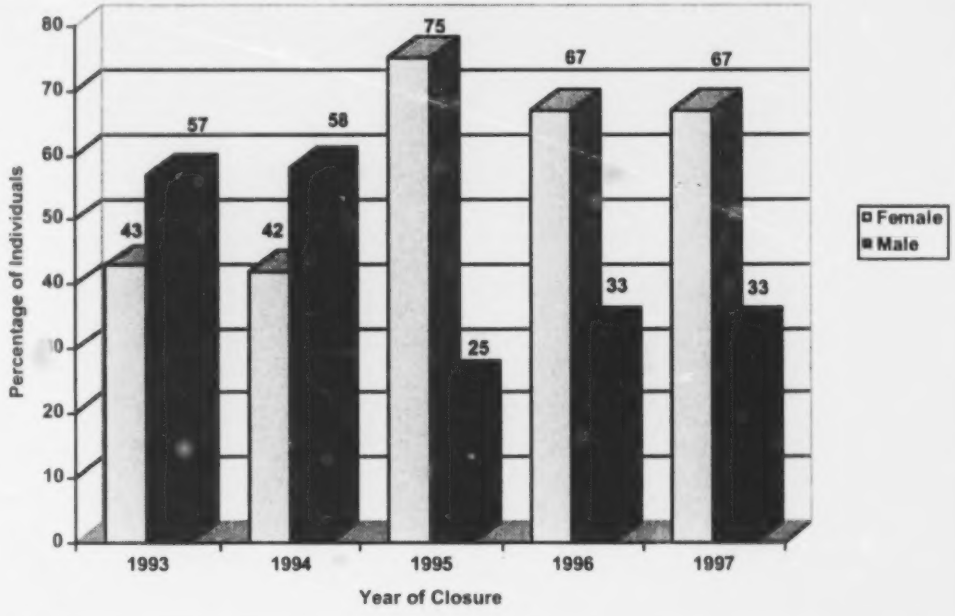
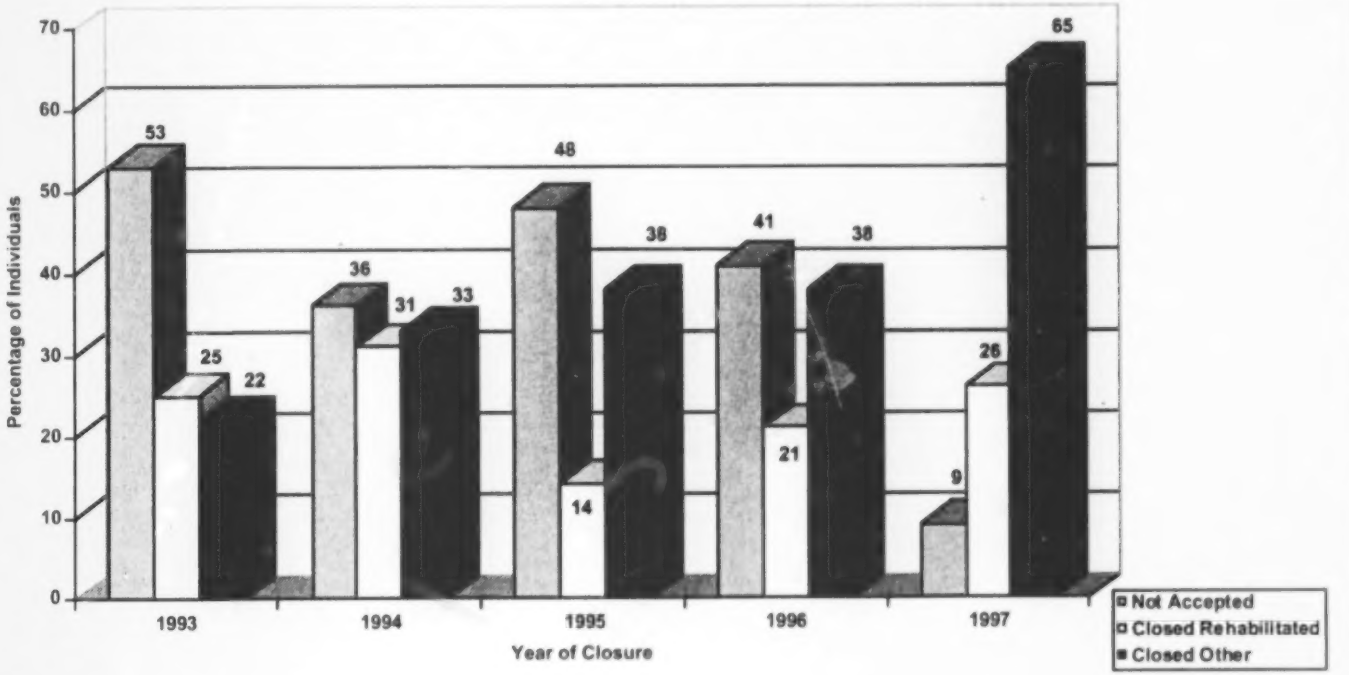


Figure 8
Rehabilitated Clients (Status 26) by Male and Female, 1993 - 1997
(n = 42)



As is demonstrated by Figure 9, those not accepted for VR services decreased over time. Those who were closed either Status 26, 28, or 30 remained fairly stable over time, with a slight increase in the percentages of rehabilitated clients over the past 3 years.

Figure 9
Closure Status of Consumers,
1993 - 1997
(n = 175)



Client/Key Informant Profiles

As reported earlier, a random sample of six cases was selected and brief client profiles developed from the case files and counselor knowledge. These six persons with disabilities who had participated in the MDRS program were interviewed (two persons each from Statuses 08, 26, and 28/30) (see Appendix B) in order to provide qualitative data regarding the effectiveness of the Counselor Plus Case Aide Program. A total of five additional key informants, including tribal leaders, as well as MDRS administration and staff, were interviewed (see Appendix B). The tribal leaders who were interviewed included Norman Deschampe and Jean Mulder. Mr. Deschampe is the Chairman of the Grand Portage Tribal Government as well as the Chairman of the Tribal Executive Council of the Minnesota Chippewa Tribe. Ms. Mulder is the Executive Director of Fond du Lac Reservation Tribal Government. In terms of VR professionals, researchers interviewed Dale Nelson, Kim Rezek, and Dianna Storms. Although he is now retired, Mr. Nelson worked for the Division of Rehabilitation Services for approximately 30 years, the last 20 of which were as Area Director for the northern third of Minnesota. Ms. Rezek is the former Director of VR services in Minnesota who originally authorized Minnesota's involvement in this research project (see Appendix G). Ms. Storms is the case aide in the Counselor Plus Case Aide Program for the northern area of MDRS.

Profiles of Randomly Selected Clients

[Status 26, 1997]

This young man was a MDRS client for many years and was closed Status 26 in I997. He grew up on the reservation where he now lives and where most of his family also resides. He is severely dyslexic, and fought his way through college; he graduated from the University of Minnesota at Duluth (UMD). MDRS provided him a great deal of tutoring, transportation, counseling, and a computer. He was quite directed in what he wanted to do, and worked summers while going to school. He is now working for a federal agency as a Tribal Liaison Officer.

[Status 28, 1997]

This man, who is in his late 40s, was a MDRS client some years ago and was successfully rehabilitated at that time. He reapplied for services in l993 after having severe heart problems. He was a long time recuperating, and actually had further health problems. It was very questionable, at one point in l996, whether he would recover fully enough to work again. However, he did, and with the help of a business loan from the Minnesota Chippewa Tribe, he went on to start a successful construction company. He runs the company and does bidding, etc. but none of the physical work. MDRS lost contact with him and closed his file in Status 28, no longer interested, when the counselor was unable to get a response to calls and letters.

[Status 26, 1993 - 1996]

This woman was a MDRS client for many years, having been originally referred by personnel from the reservation. She was working at the time at an electronics assembly plant, but having a great deal of trouble due to a gun shot injury to her leg and the residuals of that. In addition, over the years, she had experienced a great deal of loss and emotional upset which resulted in severe bouts of depression. She moved to Duluth and attended UMD, where she graduated. She moved back to the reservation and was working, but had a relapse of depression for a period of time and requested MDRS help through Post Employment Services to get back to work. She was helped once or twice in this way; she is now very stable, lives with her husband, and has bought her own home. She works successfully for the tribal government.

[Status 28, 1993 - 1996]

This man is enrolled at one of the northern Minnesota reservations. His mother, brothers, and sisters are all living at the reservation still. He is an excellent artist, and is attending UMD currently, majoring in fine art. When he was originally referred to MDRS, he had just completed treatment and was moving to a halfway house in Duluth. He received MDRS services for some

time while he lived in Duluth, but eventually he left and had a relapse. MDRS lost track of him; he was re-encountered at the reservation where he was working as a blackjack dealer at the casino. He left the reservation and moved back to Duluth, but in the interim his file was closed in Status 28, no longer interested.

[Status 08, 1993 - 1997]

This young man is working for the tribal government. He was referred to MDRS when he was a senior in high school by the Special Resources teacher. He had been receiving services under an IEP (Individual Education Plan) for some years, but when MDRS did the eligibility determination, a common problem arose: the standards which MDRS is required to use to find an applicant eligible because of Learning Disability are much more stringent than the requirements of the school districts to be eligible for special services. Consequently, MDRS was unable to find him disabled and eligible for services and his file was closed Status 08, no disabling condition.

[Status 08, 1993 - 1997]

This young man was originally referred to MDRS by his mother. He had been diagnosed with Attention Deficit Disorder (ADD), and at that time was taking Ritalin to help control the symptoms. When he was a senior in high school, he was again referred by the Special Needs Coordinator, from whom he had been receiving services under an IEP for some years. When MDRS began to determine eligibility, he had for all intents and purposes "outgrown" his ADD--no Ritalin for two years, behaviors calmed down, concentration reasonable, etc.--and any suggestion that there might be learning disability present was dispelled by the high scores on his achievement tests. This was explained to the client and his mother in a meeting--that MDRS would need a psychological evaluation showing learning disability and continuing effect from ADD. They chose not to do this, citing his improved functioning and the potential for that

type of information to "follow him around" in the future and be possibly damaging. MDRS closed the file Status 08, no impediment to employment.

Perspectives of Key Informants and Randomly Selected Clients

Positive Aspects of the Program

Persons interviewed who participated in the VR process, whether closed rehabilitated (Status 26) or those who began the VR process but never completed the program (Status 28), found ***the program and the staff responsive to their needs*** and attribute part of their success in vocational rehabilitation to the ***understanding and assertiveness of the staff***. Overall, individuals who were interviewed felt that the program provided them with the financial, emotional, and psychological support that they needed. For example, one person with a learning disability stated:

> *Well, I think everything about the program has been positive for me. I think mainly what really helped me a lot was that I didn't feel alone in the whole thing, with my learning difference. I like to look at it as a difference, not a disability. Just to know that there were people out there that actually understood, and just didn't think you were slow and put you off to the side or something like that. So I think the positive part [is] that something like this exists and that there is funding available and that there is guidance available to help you through these difficulties and help you to find out how you learn so you can actually contribute to society and back to the community. . . . I know one good thing about the program, they are very confidential with information. I am sure some people wouldn't want to be labeled as being slow or whatever, and I think that is a good aspect. Without the program, I don't think I'd be where I'm at today. . . . Every time I ever came up against a wall and needed help and I couldn't find any other avenues to go through, I'd get a hold of Sharon and she'd always, if she couldn't say yes, that she could*

do it at that point, she'd say I'd work on it or I'd find out. And every time, she came through for me (Status 26, 1997).

Another person stated:

It's been maybe 10 years now, 9 or 10 years since I went to school. And it's totally changed my life to the positive. Before I started with all of this, I had very little confidence, very little self-esteem. It's just changed my life drastically. Today I know I can do anything that I set my mind to. And before it was, "I can't." And now, it's "I can." If I really want to do it, I can do it. And through learning that there's people, support people out there, whether it's through DVR or other programs, I am confident enough to ask for the help that I need and I'm not afraid to recommend DVR to people because it's a good program. I think it's a great program. If I hadn't had the support, financial support and the emotional, counselor support, I know I wouldn't have made it through school. I really give a lot of credit to Sharon and Dianna, because like I said, they were there. They told me, "Be persistent. It will pay off. Just hang in there kiddo." She'd always say that to me, "Hang in there kiddo." And it did [pay off] (Status 26, 1993 - 1996).

One person interviewed commented on the dedication of the program staff to ***follow through*** with her and maintain contact, as well as the ***importance of having an American Indian counselor and case aide*** who knew and understood her situation:

Some of the positives of the program were that Sharon would come to Vermillion and do follow-up and meet with me. That was a positive because I lived so far away from the main office in Duluth. Also, the outreach [worker] was Native American herself--that was real positive. Some of the other things was that the program followed me through while

I was in college and I think it was a year or two after I was still connected with them. If I needed any assistance, they were there to help me. I also thought that the financial assistance I got was more flexible than some of the other programs and it was able to help me in ways the other programs couldn't. Also, the counselor was real knowledgeable about Native Americans who lived on the reservation and then moved off. She was real knowledgeable about the obstacles that I was going to face and the challenges. She knew there was a difference in those who had grown up on the reservation and the challenges that I would face. She also seemed to focus on me in different areas, not just the financial part of it and the emotional part, it was like the holistic view--the spiritual part of it, the medical, the academic--all those different areas she seemed to focus on. Whenever I met with her, she would inquire about each of those areas. . . . If she didn't know the answer to the questions I asked her, she would find resources for me; she would check into it and she was always able to assist me (Status 26, 1993 - 1996).

Like several of the interviewees, one person commented on the personal attention and willingness of the counselors to take time to work with a client:

Well, first of all, they were real responsive to my needs, you know, as far as getting the application in. Sharon, and I believe her name was Dianna Mangan at the time, they came right to my home. At that time I had a smaller place down, well half a mile from here. They came right to my home and sat down at the table like you and I here and they went through the program and what the functions were and everything. So I understood everything that the program was about. And that was one of the better things. And then after that when I was on the program, they came through with whatever I needed pretty much. . . . They came up with some monies available for me for continuing my education. They also paid for the college when I went to Fond du Lac Community

College--they paid all my tuition there and books. And then I did actually get a job with forestry one time, and they bought me a pair of fire boots and some other things to get me started. So those were all positive things, that they were real responsive, they took care of my needs, and they explained pretty well what the program was about and what I could get from it (Status 28, 1997).

The positive aspects of the program for me was, at the time, I was seeking college education. I wasn't quite sure about funding, things like that. I heard about the program and they said, "Well, this is a program for vocational rehab and that alcoholism could be considered whatever, a disability. And they might be able to help you with some kind of funding for school." And so they helped me obviously with books, things like that, bus passes to get back and forth up to the university. . . . They helped me with all of my art supplies. I am a graphic design student (Status 28, 1993 - 1996).

Like I said, I never was refused anything that I could explain that I really needed for the program. They were always there for me. If Sharon wasn't in and she was out of her office, which you know she travels quite a bit. As soon as she got in, she always called me. I'm real happy that there was a program there for me (Status 28, 1997).

Tribal administration also had a similar response to the positive aspects of the program:

I think the biggest aspect is and, like I say, it may be because of our numbers here, is the approach they use in working individually and [the case aide] coming up and personally getting to know the people on an individual basis and that goes a long way in meeting their needs and getting to know them as people. The one-to-one interaction I think is real

important. . . . It doesn't seem like some big program or bureaucracy that they are dealing with. They are dealing with a person. . . . I think it's a good program and I think part of it naturally is the two personalities you have working there. You have the real two people-persons who do well. But I think they found the key here that works--you have Indian people going to reservations, working on a one-to-one basis and establishing a real close client-counselor relationship that works. I guess overall it has been successful here (Norman Deschampe, tribal administration).

With the start of the MDRS outreach program in 1973, the state VR office began to see a change in the number of American Indians being served:

Within two years, there was a significant increase in the number of Indians in our caseload at all different levels of achievement. . . . We did one statistical study and all of the sudden, half of the Indians being served in the whole state were in Sharon's caseload. And with that special emphasis, with the proper outreach and communications, we were able to significantly increase the numbers being served. And we didn't have many complaints in that service model either. In fact, I can't think of a one. . . . (Dale Nelson, retired VR administrator).

In terms of the Minneapolis replication of the Duluth model (Lunz, 1998), one positive aspect is a new pool of people from which to hire for the VR program:

It is difficult for us to go into a new community and find somebody who has a Master's in rehab counseling ready-made to step into the job. . . . What is easier to do and workable is to make a sincere effort and go into the community and say, "We have this long-range plan. We are hearing what you are saying about hiring Indian people; we hear we are not serving you as well as we should, and we hear your request that you

want to be served by people who are like you, and we would like to do that and train them as rehab counselors. . . ." There is a labor shortage --this country has a labor shortage. And it's becoming increasingly difficult for us to find qualified rehab personnel, particularly from minority groups. By the time you have a Master's, you can work for other places besides government and make more money--if you have a Master's and you are in a minority group. So what this provides us is, we've got a whole new community, a network for hiring. . . . I think it comes down to the long-term survival of the rehab program. If you look at the demographics and the projections of demographics of what's going to happen in the next 5 - 25 years, whites will no longer be the majority. You either start to plan for that and have your program staffed by people that represent the groups of people you are, and are going to serve, or you don't. It seems to me the program has a better chance of survival if it's of and for and by the people. . . I think there's a benefit to the program in terms of the diversity of staff. We've seen some of that. And it opens up the rest of the staff to different ideas and different people. And that's been positive for the program. I also think we have more confidence in the case aide model itself and are actually attempting to replicate it with some welfare-to-work proposals we're working on. We'll probably use the case aide model to replicate that process in a couple other minority groups in the metro area. It's one thing to go into the Hmong community or the African American community and say, "Hey, we'd like to serve your people more." That's one thing. Another thing is to [say], "We would like to serve your people more, and we would like to hire some folks from your community, and we'd like to have a long-term relationship with you." That's a whole different approach. I think the second one is better (Kim Rezek, MDRS administration).

I think it's an excellent program. I think working with Indian people in a rural area, they wouldn't have these services if we wouldn't bring them to

them, to the reservation. There is no way that these people from Grand Portage or from Nett Lake would go all the way to Duluth for services, and also, like I said before, working with Indian people is a really important thing to them. . . . The people just don't go to an office where there aren't Indian people. We have a lot of Indian people that come [to the Duluth office]. If we did not have Indian counselors in our office, I don't think they would go there. I really don't. And it's the same thing with the reservation. . . . And I think one of the important things that we do is, we don't go to the reservation and sit in an office. We go to human services. We go to the reservation business committee offices. We go to the community centers. We go to the clinics. We go to every office just about on the reservation. Some of our best referral services are just people, not necessarily professionals. We've had several people that have just said, "Maybe you should look up so and so. They have a daughter. Or you should look up this one or that one." And sometimes we'll give them a call or send them a letter or ask them to tell them to call us. So some of the people, just people on the reservation, are very good referral sources (Dianna Storms, VR case aide).

Employment Gained

After successfully completing the VR program, one consumer was hired as a tribal college liaison, another first as a sexual assault advocate then as a Job Training Partnership Act coordinator. In terms of those persons closed in Status 28, one individual was in college with fiscal support from tribal, state, and federal funds; another returned to his contractor business and reported being very successful. The MDRS program very much encouraged consumers to return to school and obtain a degree. The process of attending college had a positive impact on several of the individuals who were interviewed:

One thing about this program that really helped me was being able to admit it [my disability] and being able to come forward to whoever I was

working with and tell them, like the professors at the college. The first day of class, the first thing I'd get straight with them was that I had a learning disability or difference and that these are some of the needs that I have. And then most of them were real accommodating (Status 26, 1997).

[I'm] much, much happier [after completing my degree and obtaining my current position]. I am much better off. I have a better salary. Working for [my tribe], they are real flexible, as well as [understanding of] my disability--missing work and that type of thing. . . . Sometimes I get real bad bouts with my back and I have to take some time off, and they understand that. I was considering working part-time, and they said, "Well, if that is what you need to do for a while, then that's okay and we'll get somebody to help you and train somebody in." And I just think that's great. I don't really worry about losing my job. . . . I feel so much better. I am more confident. I feel I've grown so much through going to college. Not only academically and as far as bettering myself and getting a job. It is such a personal growth. I learned so much about myself and my strengths and my weaknesses. When I first went to college, it was that first year, I said, "No, I can't do this." And the halls looked so huge and then when I was graduating, I thought, "All right, I can do this, and if I really want to, I can go on for my Masters." And that's my attitude now. Different than when I first started--"Oh, I can't do this! I want to go home!" (Status 26, 1993 - 1996).

They [MDRS] brought me through the school, the technical school. I completed that program, then I also, while I was going to college, I called Sharon up and they helped me through college a little bit too as well. But I actually got into the field that they knew I was going to be in once I got out, which was forestry. But due to this heart attack and blood clot and

the knee, I couldn't do the walking and such anymore, and so I went back into contracting (Status 28, 1997).

Well, like I said, I am still in college today. I go to the University of Minnesota, so I really haven't entered into the job market yet. As far as employment, really nothing, but I am still continuing on with my education, which is basically again with the help of DVR (Status 28, 1993 - 1996).

How the program contributed to *getting* a job. When asked how the program contributed to getting a job, interviewees cited ***emotional and financial support***, as well as providing a ***positive model*** for achieving success. They commented:

Pretty much it helped me to get through the school to get the education that I needed to get a good job. I guess mainly that's what it's all about, getting through and getting on into the real world, getting a job and contributing back to society and not sitting around. . . . The other day we had a session here at the college for learning disabled high school students, and I look back and I saw a lot of those students at that session and I thought to myself--I thought how I felt back then. And that was when it wasn't really, it didn't seem like there were a lot of opportunities back then like there are now. Especially before that, my brothers and stuff, they had similar problems that I do. And they were never afforded the opportunity to go to college probably for a good part because programs like this didn't exist (Status 26, 1997).

Well, besides the degree, having women as role models in DVR. It helped me to believe I could get a job, you know, as a woman. A lot of times, women don't think they can be as successful. I think that helped. DVR helped me purchase some clothes for interviews. Sharon also

gave me information on interviewing and that type of thing and letting me know if I wanted to rehearse a mock interview, . . . she would do that with me (Status 26, 1993 - 1996).

Directly, they helped me by making sure that I got a two-week check every two weeks. . . . So I never had a problem with procuring that check every two weeks. It was always there for me. And then she would check back and see how I was doing. We frequently talked, and Sharon called me as well as I called her. We kept up to date on everything, and she would always ask me if I needed anything (Status 28, 1997).

How the program contributed to *keeping* a job. The VR counselor and case aide modeled behaviors that consumers could use in keeping a job or staying in school--persistence, consistency, motivation, and professionalism. For example, in response to the question, "How have the things you learned in the program helped you keep your job?," interviewees responded:

I think if I wouldn't have learned all of the things that I had to learn to get the job to become a natural resource professional, I guess that's how. I haven't run into any problems with actually keeping the job once I got the job. But that training that I had in order to graduate is a direct link to the program. So in a sense, that's helped me keep my job (Status 26, 1997).

As far as keeping the job, I remember the first year I was done out of the program, I needed some car repairs and I couldn't afford them at the time. . . . So they helped with I think $300 or $400 car bill and then also with some new tires. . . . At that time, I didn't have no credit or anything, and I don't think I would have made it without that support (Status 26, 1993 - 1996).

Okay. Well, the program actually gave me some incentive to strive for at least some kind of a goal, and to keep my perspective on my goal. And they were helpful in that way. But that probably was a main concern there about just keeping in school until I finished. They hung with me right until the end (Status 28, 1997).

Things that I learned with the program are, just by meeting with Sharon regularly, things like that, allowed me to be consistent with going to classes on time, things like that. Just keeping up with me and her schedule, or meeting whenever we had to and the importance of meeting on time, things like that, allows me to [succeed in] college and to show up for classes on time and just to understand that obligations are important (Status 28, 1993 - 1996).

The Importance of an American Indian Counselor

When asked about the importance of having an American Indian as a VR counselor, the four interviewed consumers who were found not eligible for services or who did not complete the rehabilitation process felt that the personal and professional qualities of the counselor were more important than their ethnicity. (One person was unaware that the counselor was American Indian and did not have an opinion as to whether that played a role in his interaction with her). The persons interviewed commented:

It doesn't really matter to me. My mom is white. Lots of my friends are white. I [know] a lot of older people that are white. I don't know. It really doesn't matter to me. . . . If they are nice to me, then I'm nice to them. . . . Or if they respect me, then I respect them. That's pretty much how I work (Status 08, 1997).

Actually, I'm comfortable with all sorts of people, and not just, I'm usually comfortable with my own [people], but I enjoy company with non-Indians

and African Americans and Asians. I get along pretty good with them. It doesn't bother me. They are still people (Status 08, 1993 - 1996).

I've seen her [the VR counselor] outside in public, on the reservations from time to time, and that was a big boost to get slightly personal other than the business kind of relationship. I don't know how I can emphasize that much further. She asked about my kids, stuff like that. . . . I was very comfortable with having an American Indian counselor here because I would see her not only in the office setting, but I would see her on the reservation when I was at home; [however] personally I don't believe it matters whether the person is Indian themselves. Just as long as they have had some kind of education, some kind of interest in the Native people (Status 28, 1993 - 1996).

I don't know if it's important for knowing that she's [the VR counselor] Native American, but she is certainly easy to get along with. . . . Real easy to get along with and very understanding. And she was always very thorough and made sure that we had everything--all the forms signed, filled out so there weren't any delays in my money being available and stuff like that. . . . Very important to me--how she treats me and myself as [to] where is my goal. She's treating my goal just like I was. . . . It gave me the incentive and it gave me the interest to keep hanging in there until I did get that natural resource certification, which is a 2-year program, like a technical college (Status 28, 1997).

Four of the interviewees, persons closed Status 26 and key informants from tribal administrations, felt that it was very important for the counselor to be American Indian:

I think it was important to have an American Indian VR counselor because, like I said, I felt more like I was comfortable. It just seemed

like I fit in better with that. . . . I work well with everyone, but it really, for a lot of these people, these young students out on the reservation, I think it's really good to see someone like them to come to work with them. They'd probably feel a lot more comfortable. And plus it's a good role model for them. I just think it would be important. For myself, it probably wasn't quite as important for most people. I just seem to fit in pretty well with everyone. But I know some people are really, would probably wouldn't even take part in the activities if they didn't feel comfortable (Status 26, 1997).

I think it is very important to have a Native American counselor. As Indian people, . . . if someone says, "No," if you go somewhere and ask for help, or financial help, or any kind of help, if they say "No," we'll say, "Oh well, they don't want to help us." We won't pursue it. And I think [the VR counselor] as a Native American herself, she understood that. I felt more comfortable talking to her and asking for that type of help. It's hard anyway for any person to ask for help, but it seems I was more comfortable with a Native American person. Yeah, I think it is very important that she could identify and the things that I shared with her were some real private things in my life. She understands the Indian culture, how important family is and that usually is our top priority. And when something would happen within our family, we usually go to the family. And she would understand that, and I think sometimes that the non-Indian people get so caught up in the right here and the now and the present that they don't quite understand that sometimes. Even with keeping time schedules and whatnot, she understands that sometimes Native American people are just a little bit later than other people. . . . I had a lot of experience and a lot of dealing with non-Indians. But when people that live on the reservation don't have what I had, they have a really hard time working with the non-Indian people. It's a lack of trust. One of the biggest things, and then the other thing is people are afraid

that they are going to be continually put down. When a Native American comes, you work with them. You just feel more comfortable and safe that this person is not going to degrade you in any way, that they are there to help you. Just build you up, build your confidence up and let you know they are going to accept you just as you are. . . . I really think it's really important that you have Native Americans serving Native Americans (Status 26, 1993 - 1996).

I think it would be true that they would be more receptive to the Native counselor rather than the non-Native. . . . As a Native person, I believe I would be more receptive to a Native counselor. There is that bond. . . . So I think there's a closer bond, even if they don't know that person, that they would be more receptive to what the counselor is trying to do for them. There isn't something underlying their motives (Jean Mulder, tribal administration).

I think it's very important. American Indian consumers or the clients I think relate a lot better to an American Indian counselor, and vice versa. The American Indian counselor has a better understanding of what these people are going through--a better understanding of the support services that are here locally. They do a lot of working with other services and it helps to have Indian people who are familiar with those and familiar with the culture and what reservation life is like (Norman Deschampe, tribal administration).

VR administrators found that having American Indian staff working with American Indian consumers had a ***positive and direct impact on involving Indian people in VR***:

Well, I considered myself a good one [counselor] too. But I couldn't get them into my caseload. The example that a guy from Red Lake that

really needed our help, we couldn't get him to come. But I think a regular counselor aide could have gone up there and within a half a year made some ground or had some help. It doesn't need to be a rehab counselor. . . . I think an aide who's from the community, understands the community, he can speak with them and we can take probably a year and just get to know them and get some trust going. . . . That guy probably needed time. And they all needed time, or a good share of them do. Time to change his thinking. And somebody's got to be there to help work towards [changing] their thinking, so they are part of it (Dale Nelson, retired VR administrator).

This one is real straightforward for me. In the work that you did in putting together the survey and the meeting [Marshall, Day-Davila, & Mackin, 1992]--and in the couple of meetings that we had with representatives from the different tribes 6 or 7 years ago, they told me it was important. I believed it. The fact that we were serving very few people in the city of Minneapolis also showed me that there must be something to what they are saying. Because with this many American Indians in Minneapolis and the small numbers we had serving them, there must be a reason. And they were telling me lack of Indian staff was the reason. I believed them. Plus, the Duluth model showed that hiring Indian people made a difference. And now that the three-year project in Minneapolis is over [Lunz, 1998], we have incorporated the model into our regular business and the model continues to show me that yes, it makes a difference (Kim Rezek, MDRS administration).

Tribal affiliation of the VR counselor. Interviewees had both positive and negative responses when asked, "Would you prefer to have a VR counselor from your own tribe over an American Indian VR counselor from another tribe?" For example, two individuals commented:

I could see the positive aspects of both. The one from the tribe, the positive things would be that they actually knew specifically about the beliefs and the values of the tribe that they'd be working with. But some of the negative impacts of that may be that the confidentiality; a lot of people might know that person and then feel like they wouldn't really want to share their difference or their disability. . . . If you were American Indian, but you really didn't know of the people that you were going to work with, you'd probably have a better opportunity, that would probably be the best case scenario in my mind (Status 26, 1997).

In some ways, there is good and bad with that. Most of the Natives have pretty much the same spiritual beliefs, the same backgrounds. They accept other Natives whether they are Navajo or Lakota or whatever. It would be nice to have somebody from our own Ojibway tribe, but sometimes people, like if someone worked right here, came from here and worked here, really a lot related, and sometimes that kind of, it's kind of hard when you are working with relatives sometimes. You don't want to play favorites. You want to do the best you can by them. I really don't think it matters whether they are Ojibway or Navajo or Lakota or whatever (Status 26, 1993 - 1996).

Others agreed that tribal affiliation would not make a difference:

Well, I think maybe that someone in the local area may have a little more insight on some of Fond du Lac's policies and such. But I really don't think it would make a lot of difference (Status 28, 1997).

I don't believe, for myself it doesn't matter what tribe they come from, and I don't know if they'd be able to, I don't even know if my reservation has vocational rehab kind of help like that. For me, it really wouldn't matter

what tribe they are from, what reservation they come from. I don't think that matters (Status 28, 1993 - 1996).

I think it's enough to be American Indian. Of course, you have the hiring and the screening process. And, at least in Minnesota, we're all Chippewa reservations. We have some ties anyway. But I think if they were in the interview process, if they have a good understanding of Indian people and their needs and how to deal with them, if they are from another reservation, it's fine. I don't think that would be a big impediment (Norman Deschampe, tribal administration).

Cultural sensitivity of the VR counselor. AIRRTC researchers were interested in the awareness and sensitivity of the VR staff towards consumers. In response to the question, "Did you feel that the counselors were sensitive to your culture?," one person interviewed said "yes" and another commented that "We really didn't talk about culture. We just talked about education and stuff like that." Other consumers of the program responded:

Yeah, I think for sure. . . . Having an American Indian VR counselor was really exceptional. I don't think there's probably a lot of them around. I don't know, it's just my guess. But I really felt like I was really blessed with having Sharon to help me. I did have a different person and I had kind of a negative experience with them. And then I started working with, not really negative, but it wasn't a positive experience like I had with Sharon (Status 26, 1997).

Yes, yes. I think both Sharon and Dianna Storms understood a lot of times where I was coming from and how I felt and they took into consideration my background as a Native American. And because of that, it helped me to be successful. . . . We focused on the positives and what I could do because of my disability. And being Native American,

we have, I, my family, and a lot of us have inbred shame. And we have to deal with that on a daily basis. And I think Sharon and Dianna understand that. So that helped with my being Native American; it helped me to build my confidence, and it helped me grow personally (Status 26, 1993 - 1996).

Very much so. There again, like I said, Sharon came out to my home initially on the first visit. We sat and talked almost immediately like we had a very good rapport with each other. My goals were also her goals. She seemed really interested in me as a person. And I still feel that way about her (Status 28, 1997).

Yeah, yeah, I did. I worked with Sharon for quite a while, and she was very sensitive. I was interested in my artwork, things like that. I met friends of hers that, I don't know if they were an American Indian counselor themselves, but I met a friend of hers, I believe, I know she was a VR counselor. So, both of them were sensitive to the community of things, what's happening on the reservation, things like that. I think any time when dealing with Indian people, it is important to have some kind of education, some kind of background of who the type of people they are. They deal more with feelings, subject feeling matters, things like that. I think the answer is yes, it is important that they somewhat have some kind of educational background towards Native American people and their culture to just to understand who you are dealing with (Status 28, 1993 - 1996).

Negative Aspects of the Program

In response to a question regarding any negative aspects of the program, several persons interviewed did not feel that there were any--they offered no comments. Others offered comments with suggestions for improvement, such as:

. . . I really can't think of anything negative about the services I had other than I had to go travel all the way to Duluth or the person from Duluth, the Native American support counselor, had to travel all this way. The person that services all the reservations that I know of is Sharon, and she used to go to all of the reservations. I don't know if she still does, and I think that is a big drawback, that they need to have someone maybe somebody on the reservation that could be more easy access for people. . . . [Also], I did have a little problem with getting a bunch of, getting more than one estimate [for car repairs]. When you have a car and it's broken, it's hard to get it to a couple places. I was just lucky enough that this [repair] place when I moved back home had experience working with DVR. I didn't have too much of a problem with it, with Sharon working in that area, when I needed my car repairs (Status 26, 1993 - 1996).

Maybe one thing that I myself particularly, it might have been my situation, but I did need a little more help, and probably more on the living end of it, in other words. And then I was told that they are not that kind of an organization to help me with income per month to live. They would rather not do that, but rather that I go to college, or something like that. And paying it through that way (Status 28, 1997).

I really never had any negative experiences with DVR, other than the fact that, well this might sound kind of greedy, but the reservation ended up giving me slightly more, they gave me more funding for school, and at that point, DVR said, we can't help you no more. So, other than that, I have had nothing but positive experiences with DVR. . . . I believe they [DVR] have a line, a funding line, like a minimum that you can receive, and once you go above that, they can't help you anymore, or something. I wasn't really quite sure (Status 28, 1993 - 1996).

Concerns of others, noted by one administrator, involved the cost of additional staff (i.e., the outreach staff) and the perceived impression that the state VR office is providing special and unique services at the expense of other clients:

> *One is there's concern about the additional cost of outreach staff. I mean, basically for the case aide. Because typically, and I think this is true for most rehab agencies, you have a counselor, and that counselor is responsible for X number of rehabs a year. If you give that counselor a case aide and you look at it from a strict cost-benefit ratio, then shouldn't that counselor get more rehabs, because now the cost that you put into producing them is higher? Well, from a strict numbers standpoint, that's true. The other side of it is that if you don't have the case aide, you are not going to serve that group at all. . . . [Additionally], I've heard some concerns about specialized treatment. And I don't hear this just about American Indians. When we have some targeted projects for people with serious and persistent mental illness, or traumatic brain injury, you get questions, "Well, why are you targeting those groups, and why is extra money and special things going to those groups?" To me, the response to that is, we're supposed to be an individualized rehab program. These different groups have different needs. So to have people who are trained and understand those needs and can respond to those needs seems the best way to run the program as opposed to everybody being a generalist. And there always is debate about that. Should everybody be a generalist or should they be specialists? So depending on where you are in that debate, this can be a negative thing* (Kim Rezek, MDRS administration).

One VR administrator also discussed a concern regarding the treatment of American Indian staff. He recalled an experience with a lack of respect and acceptance of an American Indian staff member and the ensuing personnel problems that resulted. He further commented:

I think we should have started with Personnel in getting them more flexible to [hire] staff that are more indigenous to a specific community (Dale Nelson, retired VR administrator).

Policies and Procedures of the Program

The results of interviews with current and former clients, VR staff, and tribal administrators illustrated that the Minnesota Counselor Plus Case Aide Program is successful in terms of outreach and service delivery to American Indians with disabilities. Much of this success can be attributed to the philosophy and management strategies of the program administration, as well as the personal and professional attitude of staff members. For example, the program ***emphasized and maintained consistent contact with clients***. The counselor and the case aide assertively sought out clients and ensured that they were comfortable by meeting at a mutual location that was acceptable to the client, often at the client's home.

The hallmark of the Counselor Plus Case Aide Program is ***outreach to consumers***. Typically, Minnesota reservations are remote and rural. Even in urban areas, due to issues such as transportation, telephones, and finances, many American Indian individuals will not journey to an office to receive services:

A lot of our clients don't have telephones, especially in Minneapolis and St. Paul. Probably transportation would be a problem. It definitely is where we are in the rural areas that we work in. But even Minneapolis and St. Paul, people don't have money for bus fare to go downtown. So I feel that it is very important that you bring the services to the people (Dianna Storms, VR case aide).

Many American Indian people are hesitant to seek out help, particularly if it places them in a potentially awkward or threatening situation. One person interviewed commented:

I don't think Indian people are prone to going to someone [off-reservation]. . . . We have our own counselors that will help. If you even ask them to go down [to the city] and apply for a medical card at the clinic, they won't do that. They just don't want to drive to Duluth or they don't feel comfortable going to [a non-Indian] (Jean Mulder, tribal administration).

Another individual agreed that the program is more successful than a traditional model where consumers go to the VR office by stating:

The case aide would visit the different reservations, and she herself was from one of those reservations, to bring people into the program, to do the outreach for us, rather than us waiting for them to show up in our offices (Kim Rezek, MDRS administration).

An important aspect of the Minnesota program is to ***hire American Indians as counselors and case aides***. The value of this practice was expressed both by consumers of the program and MDRS staff members. Dale Nelson, retired VR administrator, stressed the need to hire staff that are familiar with a community and the culture:

In the aide category, I think you need a lot of flexibility to hire the person who is most familiar with a specific reservation or metro community. . . . The aide can take a year to meet with these people, talk to them, get them ready.

Staff member Dianna Storms stated: ". . . An important part of the program is having an Indian counselor and an Indian case aide working with Indian people."

This viewpoint was also expressed by consumers of the program. For example, one person interviewed commented: "One of the things I'd really like

to stress that is positive is that they [MDRS] do have Native Americans [on staff] and they do outreach to the reservations. I think that is really important" (Status 26, 1993 - 1996). Another stated: "I think it was really a good experience to have an American Indian person to work with because I think they understand some of the special needs and I just felt more comfortable and more relaxed with that" (Status 26, 1997).

In referring to a community meeting related to a previous AIRRTC research project conducted in Minneapolis/St. Paul (Marshall, Day-Davila, & Mackin, 1992) where consumers expressed a need for American Indian service providers, Kim Rezek, MDRS administrator, recalled:

> *So what we heard at that meeting was clear--'We [American Indian consumers] want you to and we demand that you serve us, and that if you are sincere about that, you need to hire some of us, because that is how we will best be served.*

Policy issues raised during this research study related to the role of the Rehabilitation Services Administration (RSA) in providing services to American Indians. RSA has recently emphasized the provision of services to minority populations. RSA would appear to have the opportunity to make a tremendous impact on service provision to minority groups, and as suggested by Kim Rezek, "There is a big [RSA] employment initiative now. . . . They could also bring in the whole issue of employment of different cultural groups, different minorities, to that initiative as a way to continue the effort."

Costs of the Outreach Program

When comparing the traditional VR program with the outreach program, some additional costs were noted. These costs, however, must be weighed against the benefits, which are discussed in the subsequent section. Interviewees informed researchers that the additional costs of the outreach program versus the traditional VR program included travel (car, gas), per diem

for staff (food, hotel), and the cost of hiring a case aide. Interviewees felt that additional costs might be offset by the fewer dollars spent per client. Factors to consider when analyzing costs included an increased caseload of American Indian clients, successfully rehabilitated clients, the fact that RSA mandates that the state VR program be broad-based, and the position that a population should not be excluded on the basis of living in a remote location or on the basis of cost. According to the individuals interviewed, the benefits of this program far outweigh any additional costs that may be incurred that are not part of a traditional form of service delivery:

> *I think the costs would be higher of course, because you have more, and here again, relating to us specifically, is the distance from Duluth. You have a person who is spending a lot of time traveling. . . . That would be the only major cost that I would see beyond the individual costs that are applied to a person getting back on their feet, whether it be [developing] their own business or simply just being able to function* (Norman Deschampe, tribal administration).

> *It's the aide that would be the additional cost. . . . I think the case service funds weren't necessarily as great . . . I would think even a little lower. That was always my perception. . . . Travel costs would be I would guess a lot higher and you've got to go there on a regular basis like clockwork, get to know them. And you don't do that in any other programs. . . . It's a population that traditionally VR has not known how to serve and they should be serving them. The dollars aren't as important as reaching out to them. I don't know if there's a cost-benefit ratio in there, and I don't know if it's too different from the basic program--so much per rehab--or what the bring back is per dollar. So if the state is going to get into it, they have to commit themselves. . . . But I suppose one of the questions always thrown out is: "Why? We've got plenty to do with our money. Why should we worry?" Which I don't think is true. They are mandated to*

have a broad-based program and they should be doing a broad-based program to all unique populations (Dale Nelson, retired VR administrator).

I think it would be more if we had to have an office. But on the other hand, maybe the reservations wouldn't charge us, being Indian people. But if there was another group of non-Indians that came up, they might ask them to pay for [office] space. In fact, even at the hotel, if [a non-Indian] stayed at the hotel, it would cost you probably $70. At the hotel, because we are enrolled members of the Minnesota Chippewa tribe, we pay $40. So we save the state money really. They give us a rate, and it's even better than government rate. So we save MDRS money (Dianna Storms, VR case aide).

One person interviewed suggested that the outreach program could lobby the tribal government for help in obtaining additional funding from the state:

I would think if DVR was actually going to go out, to leave their office and go out and visit the reservations, then I would think they could put together a grant proposal and present it to the tribal council at the various reservations saying, "The state of Minnesota is going to okay X amount, but we do need some extra supplies. We do need some per diem expense, whether it be for the gasoline, car expense; we do need a site provided for us so we can meet the clients. Or we would need your help in maybe introducing us to these people so that they would feel comfortable with us." . . . I know our tribal council has always been open to helping their people on the reservation. And if it means going to the state agency, I am sure there would be no problem with that (Jean Mulder, tribal administration).

In referring to an urban effort to replicate the Duluth outreach program (Lunz, 1998), one interviewee commented:

> *I don't think there are any hidden costs other than the other costs that you have when you hire any employee, such as rent, equipment, and other non-personnel services. Actually, when we started this in Minneapolis, we probably had less costs than we would have even in Duluth because the American Indian Center housed these people and gave us a pretty good deal on rent. In fact, I think it might have been free. . . . And I suppose the other costs if you are going to assist them [case aides] with getting a master's degree, there are additional training costs, but that's part of why you have training money from the feds too--to train your staff* (Kim Rezek, MDRS administration).

Benefits of the Outreach Program

One of the main benefits or outcomes of the program appeared to be an increase in the ***self-esteem of the consumers***. Again, persons interviewed commented on the ***commitment and follow-through of staff members***. Finally, it was acknowledged that through the Counselor Plus Case Aide Program, ***American Indians with disabilities were served***, and among individuals with disabilities, the tribal community, and the rehabilitation community, networks were formed.

> *They [the clients] get to have an Indian counselor and a case aide that I think would be more sensitive to their needs. I really shouldn't say that, but yeah, I am going to say that. We would be more sensitive to the needs of Indian people only because we know of the ways and we know the people. . . . And also they don't have to travel any long distance. We bring the services right to them. . . . I don't think they would like to have a non-Indian counselor. They probably wouldn't say anything, they*

wouldn't care. But it would just kind of be where they wouldn't see them the next time. I think that what Sharon and I do is ***we really give people a good fair chance at receiving services*** (Dianna Storms, VR case aide; emphasis added).

I think in outreach you are bringing the message to the clients that there are these options available to you. That you don't need to have this handicap and live with it, but we can provide other benefits to you, whether it's a work comp issue or whether you have a back that went out, that there are like physical therapy that can be had. Or your progress can be monitored so that you know that you'll be able to be a contributing member of the community by obtaining a job. And that you don't need to rely on the county social services for all of your needs, that you as an individual should be seeking other alternatives also (Jean Mulder, tribal administration).

From my perspective, being in an organization 20 years, I think we've . . . experimented with a variety of ways to serve different groups of people, and the case aide function has come up in a couple different places. I think what's unique about it in Duluth is that it was targeted for one group of people, and that model has persevered over a number of years, and persevered over a number of managerial changes as well. It is seen in both the Duluth rehab community as well as in the Indian community as a way to really serve that population. . . . I think sometimes what it comes down to is ***you've got to have managers and leaders and other staff in the organization who are committed to serve people from diverse cultures****. And sometimes you do that with the managers' support and sometimes you do it in spite of the support you are getting. Without some recognition that it is a good thing to serve people that we don't typically serve, I am not really sure how you convince them. Some people will not change unless they are forced to change, no matter how*

much data you have--they might be forced to comply, but actually what you need is positive incentives to assist people to change--to see what is in it for them. . . . I think there's a lot of benefits that have just started in terms of having the rehab community and the American Indian community deal with one another. I've done a lot of work in coordination between different agencies--but we all tend to be, not always, but we all tend to be part of the rehab disability community. This is actually the disability community interacting with another community which doesn't happen very often, but it's very exciting, because you've got different ways of looking at the world, different contacts. It can strengthen whole communities. . . . I do think the model can be replicated with other groups--not only for outreach but also for hiring (Kim Rezek, MDRS administration; emphasis added).

I think, like I say, the personal attention--the follow-up. You see a lot of it, at least I do, and I don't deal directly with Dianna's clients. The personal interaction I think goes a long way. That's a big benefit. We help as much as we can, but I think when you have one individual like that going right into the home and interacting with these people, that's a big plus. The biggest one. . . . The program provides services to people who are handicapped or who need those type of services on the reservation. We currently don't have a specific organization or department to deal with that, and if we did, the numbers aren't that great. So the way they are set up, it works out well for us. . . . They come up, usually I see Sharon up here and Dianna both and Dianna a lot on her own who comes up and meets with clients. And basically they make contact here and work with their problem and get them back or keep them living independently as much as they can and working with them that way (Norman Deschampe, tribal administration).

Well, it's certainly a good model. I think it proved that we were serving over half of the [MDRS American Indian client] population in the entire state in one caseload--shows how you can do it (Dale Nelson, retired VR administrator).

Recommendations of Key Informants and Consumers

Several persons interviewed offered recommendations or suggestions to improve and expand the Counselor Plus Case Aide Program. Two interviewees did not offer recommendations. Consumers of the program offered the following recommendations:

I think that maybe a little more outreach to the community because I don't know, I guess I couldn't really remember how I found out about it. It had to have been through my high school guidance counselor or something, because I was in those programs all through grade school. But some people just get lost in the shuffle and they fail out of high school and they're just sitting there and they don't have a contact. And they don't know how to get help. And maybe they turn to alcohol or drugs or whatever. And then they are just sitting there out on the reservation with nothing to do and [it is] pretty depressing. I think maybe having some kind of fun event or something that would bring people out and help them to deal with their situation that they are in. So some sort of outreach, I don't know exactly what kind, but not the typical outreach like at a school--maybe more of a community outreach. Or I think some of that stuff is going on out at Fond du Lac now through our human resources center. I'm not exactly sure what's going on. Since I've graduated, I haven't had a lot of contact with Sharon, and sometimes I miss that. But I got to do my thing and she's got to do her thing. There's a lot more people to help. . . . So, I think just maybe a little more outreach (Status 26, 1997).

Maybe not so much paperwork when you initially apply. I know when I applied, I was eligible because of my physical disability. I am also a recovering alcoholic, and they said if I had been out of treatment within a certain amount of time, then I'd be eligible. I think people, whether they'd been out of treatment 6 months to 5 or 10 years, I think they should still be eligible. I've been told by people that if you have been out of treatment and sober for 5 years that you are not eligible for help. I think that's just with alcoholics. I'm not sure that's still how it works. An alcoholic still has that disability and they still need the help, whether it's just fresh out of treatment or 5 or 6 years. That's one thing that I can think of right now (Status 26, 1993 - 1996).

We had like a test in the beginning, and I don't know, that is kind of standard. We did like little block tests; I don't exactly know the correct terminology for the names of the tests. But, I believe it is kind of standard no matter what your disability is. But, maybe somehow if they could change that a little bit. My disability at the time was alcoholism and you know, putting little blocks together and trying to figure out puzzle problem solving, things like that. I really didn't see how that pertained to the disability that I had. . . . With every kind of financial aid or anything like that, there is a little red tape to go through. And to me, that was this program's red tape that I had to go through. It took, if I can remember, it's been so long, I think it took like half a day or something . . . it might have been a whole day, but it was well worth it to receive the funding and things that I did receive from the program (Status 28, 1993 - 1996).

Tribal administrators also offered recommendations relevant for those who wish to create or expand their outreach efforts to American Indians:

Well, if Sharon hasn't done it [lately], especially in this service area, then I think she needs to contact the tribal governments and ask to get on their agendas so she can address them and say, "Look, I am the outreach worker for DVR. This is what we do. This is how we can help your people. Either give me a letter of recommendation to take with me when I see them or whatever. Give me some positive assurance that I am going to be welcomed on this reservation to assist your population." . . . I would think she would want to do this at least every 4 years, come before the tribal governments. Because, in our elections, our chairman is our leader. And his election is up in two years. So, I would think if she could do that when the chairmen are elected. Then she'd get the support she needs. Or even when there is a change in membership. . . . I would think that one of the positives that could come out of this program would be that the tribal council and the people within the service area would know more about what [VR] does. And one vehicle for that would be . . . in the newspaper. A newsletter that goes out to all of our enrolled, but maybe if we could just get, I don't want to say advertising or marketing, but information on what is available. I think that would help (Jean Mulder, tribal administration).

. . . I think if the program was bigger, I think they could do wonders. I am sure there are other places with a bigger need than we have, and I don't know what the staff requirements are, but the only change I guess I could recommend is that something like this be expanded to help more people (Norman Deschampe, tribal administration).

Finally, VR administrators and staff intimately familiar with the Counselor Plus Case Aide Program provided recommendations regarding the relationship between VR staff and consumers of the program, as well as how to expand the program into other areas. According to these interviewees, the overriding key to successful involvement of Indian people in VR is for RSA at the

federal level to make a commitment to work with American Indian communities, and for state agencies to find staff who are dedicated to this goal:

> *Well, just to keep what is going on with the American Indian community, to continue it and to expand it to other populations, and maybe to other American Indian reservations or other urban communities as well, if they are in need. . . . The other American Indian communities and other minority communities. . . . And it matters that you've got somebody with some power that can see that it gets done. And then we are back to what positive incentives can RSA provide. If RSA makes us look at performance standards in terms of percentages of minorities [served], that will help. And if every new initiative that comes out, RSA keeps emphasizing minorities within it, that will help. It becomes an incentive to continue to focus on that* (Kim Rezek, MDRS administration).

> *Just be really consistent, and don't make promises you can't keep. I think that's one of the things that we think about quite often, is how we are not going to tell them we can do all of these things if we can't do them. And if we do make a promise, we try to keep it. We do keep it, I shouldn't say we try. We do keep it. Another thing is to be there consistently, don't just go whenever you feel like going, once a month here. It's very important that they know that you are going to be there. So they can depend on you being there. . . . It's important when you make a commitment to the reservation and you are going to provide the services, then you should do that and you should be there consistently. . . . I wish we had more time on the reservation[s]. . . . But I think it would be neat at some later date that each reservation had their own VR program. I think that would be the ideal situation. But I don't know if there's enough people there for that. You know, as time goes by, there seems to be more people coming back to the reservation and a lot of changes with people coming and going. I really don't know. I kind of like the program*

the way it is, but I do think someday it would be nice for each one to have their own program (Dianna Storms, VR case aide).

You have to hire Indian people, and preferably close to the reservations or the community they are going to serve. Without that, I don't think we would have had much of a chance, without them going every week or on a regular basis and getting to know how the reservations operate and how to get referrals. . . . But in any state, I would think that one of the first things you'd have to do [is establish classifications for outreach workers] with the administrators and the departments of personnel--get that clear so indigenous people can be hired. . . . Money and staff. Train the staff and they should get direct results. And if you think you are on the right model, you should give them that model. . . . And the states who are willing to do it, let them have the money and staff (Dale Nelson, retired VR administrator).

DISCUSSION and CONCLUSIONS

The purpose of this research project was to a) document the existing outreach efforts to American Indians within the public VR program, and b) evaluate the effectiveness of the Minnesota Counselor Plus Case Aide Program. Two concurrent research processes were utilized to address the research questions posed by this project (subsequent topical headings provide a framework for addressing the research questions). First, researchers requested information from the 50 state VR agencies regarding the extent to which specialized services, including outreach, were used to serve American Indians with disabilities, and whether the state agency had personnel--American Indian or not--whose positions were dedicated to providing these services. Second, researchers examined data from the Minnesota Counselor Plus Case Aide Program, including existing demographic and outcome data; in addition, researchers collected qualitative data through face-to-face interviews with individuals who applied for and/or

received VR services, VR administrators, and tribal leaders. Although some of the evaluative research questions were not investigated as in depth as the researchers would have liked, given the realities of funding and time limitations, a great deal of data were gathered that have proven informative in evaluating the effectiveness of Counselor Plus Case Aide Program in providing outreach and VR services to American Indians with disabilities.

Public VR and the Use of Indigenous Counselors and/or Case Aides

VR agency directors were asked to respond to a survey regarding specialized services and outreach to American Indians with disabilities only if, in fact, they provided such service; 14 agencies responded. One of the key factors in service delivery mentioned several times by key informants and consumers in Minnesota VR was the use of an American Indian VR counselor plus an American Indian case aide, going consistently to reservations to recruit clients, disseminate information, and provide services to clients. None of the state VR agencies responding to the survey reported a similar program of outreach, although approximately half described agency involvement with tribes in cultural awareness programs and/or outreach.

Specialized Services to American Indians

State VR agencies stressed the development of a relationship with tribal VR projects and American Indian social service groups, their attendance at pow wows and other Native events and happenings, and their interaction with tribal governments. For example, Wisconsin holds joint gatherings between the American Indian community, the state Division of VR, and the community college in order to increase awareness of VR services available to tribal members as well as to exchange information between the tribe and the state agency. This was a major factor in forming a trusting and respectful relationship between the tribe, tribal members, and outside agencies.

Personnel Dedicated to Providing Specialized Services

State agencies (Alaska, North Carolina, Oregon, and Washington) reported that they have on staff or attempt to hire American Indians, but that these individuals do not necessarily provide outreach services to American Indian clients. In terms of non-Indian staff who are working with American Indian clients, several state agencies (Alabama, Colorado, Ohio, Maine, Oregon, and Wisconsin) conducted special cultural sensitivity training in order to prepare their staff for working with various American Indian tribes.

The "Counselor Plus Case Aide" Model Program

Because of the travel distance to the state VR agency, in combination with other transportation issues that American Indian reservation-based clients may have, the MDRS Counselor Plus Case Aide Program is providing services to individuals who would otherwise have never receive them. For an outreach program to be successful, the staff who service these areas must be willing and committed to working on the reservation, at a minimum being on the reservation on a frequent and regular basis--whether the staff are American Indian or not. Additional critical components of the Counselor Plus Case Aide Program are discussed below.

Policies, Management Strategies, and Procedures Consistent with American Indian Culture

One of the research questions for this project focused on the specific policies, management strategies, and procedures as regards both service delivery and outreach that have been found to be consistent with the cultural requirements of American Indians. Several key components of the Minnesota Counselor Plus Case Aide Program relate to the success of working with American Indians in rural and reservation areas. An important factor in the success of the Minnesota outreach effort involved the management strategy or

practice of hiring American Indian counselors and staff who are knowledgeable and aware of cultural issues. American Indian counselors have the benefit of understanding the culture, and having a higher comfort level and trust level than a non-Indian counselor with American Indian clients. They can also serve as a role model. It is easier for American Indians to form a relationship and build trust with the clients than a non-Indian person. A non-Indian person may develop a trust level after working with American Indian people over a long period of time if they do a great job, but American Indians will have an easier time initiating the rehabilitation process with the clients.

MDRS did confront hiring issues that may affect other states trying to use this model program. For example, at the state personnel office, new categories of personnel may need to be created or modified in order to hire indigenous people, particularly at the case aide level. Tribes also need to know that a VR outreach program is committed to working with people with disabilities on their reservation and program staff need to meet with tribal representatives to request a resolution affirming the tribe's working relationship with the state VR agency. Due to the high rates of turnover at the tribal level, VR staff need to maintain contact with tribal representatives to ensure that they have continued support from the tribe.

Counselor-Client Relationships

The staff of the Counselor Plus Case Aide Program have proven to be a valuable resource for many of the clients. They extended themselves through their actions and words, demonstrating a strong commitment to the individuals whom they served. To form this strong relationship, the VR staff first go to a neutral location or to the individual's home. This allows the client to feel as comfortable as possible. Following the initial meeting with a client, the staff ensure their consistent contact with their clients. Individuals are viewed holistically, and needs are addressed on an individual basis. The staff use a family centered approach--they work with and develop a relationship with the entire family. This builds a support network that can be utilized by the individual

with a disability when other supports may not be available. MDRS has provided a long-term investment in serving American Indians with disabilities. Staff also maintain high standards of confidentiality. By building a trust relationship first with the individual, staff can then work towards rehabilitation. Comfort for the individual is key to success.

State VR Administration Support

For the Counselor Plus Case Aide Program, the commitment from the administrative office of MDRS has been very strong; consequently, the program has advanced, expanded, and has been refined to its present day form. The administration has been cooperative and supportive; however, new personnel categories may need to be created to fit with the qualifications of program staff. By providing freedom for the counselor to plan and provide services, the individualized outreach program can succeed. The outreach program fulfills the RSA initiative of providing services to minority populations.

Policies and Procedures that Need to be Changed to Fit the American Indian Clientele

Several factors related to policies and management strategies need to be changed in order to increase the success of an American Indian outreach program. One of the main issues identified through interviews with randomly selected consumers and the project coordinator is the need to extend the time available for working with determining eligibility. Currently, federal regulations call for eligibility to be determined in 60 days, but when working with rural and/or reservation areas, time needs to be extended for obtaining records and getting information back to the client (especially if the counselor only travels to the reservation twice a month). The counselor may have difficulty receiving medical records. VR may require other relevant tests with the client. Some of the standard policies of the VR agency are unreasonable requirements for individuals living in a rural or reservation area; for example, getting two

estimates on a car that doesn't work. The state agency can be more flexible in their requirements in order to better serve rural and reservation communities.

Outreach Versus Traditional Cost Comparison

For this study, AIRRTC researchers did not attempt to document a baseline of costs for providing services through a traditional model of service. The goal was to determine what, if any, additional costs were involved in providing outreach services. These costs must be considered given: 1) Indian people should not have to leave the reservation to receive VR services, and 2) RSA requires that the general public be considered eligible for services, including minority populations.

There are two primary additional costs for conducting the Counselor Plus Case Aide Program. The first includes travel expenses to the reservations, including the cost of a hotel room, per diem, and gas. The other major cost is the case aide salary. However, as stated by the coordinator of the MDRS outreach program, client costs do not run greater than allowable or typical for all state clients. The outreach program may actually have lower client dollars. Additionally, the benefits appear to outweigh the costs. Rural American Indians are being served. Another additional cost may be training for staff members; however, this is not necessarily greater than for a traditional model of service provision. A longitudinal cost-benefit analysis and detailed examination of the traditional versus outreach programs is necessary to address these issues.

Demographic Characteristics

Characteristics of Clients Accepted Versus Persons Not Accepted

Between 1993 and 1997, there were 42 successfully rehabilitated clients (closed Status 26), 62 individuals who were closed Status 28 or 30, and 71 applicants who did not qualify for or did not pursue VR services (closed Status 08). The demographic data suggest little difference between clients who were accepted and those who did not qualify for VR services. Sex, age, and educational level are therefore not factors in explaining closure status. It may be that there are differences in values, personalities,

cultural beliefs, family responsibilities, other opportunities for funding, health status, or employment goals. Those individuals who were closed Status 08 may have wanted to explore all of their options when seeking employment services or assistance, not really knowing what VR could or could not do for them. Also, these individuals may not have been eligible for services, as was clearly the case with the two randomly selected individuals closed Status 08.

Characteristics of Rehabilitated Clients Versus Those Closed Status 28 or 30

Few differences exist between those clients who were rehabilitated and those who were closed Status 28 or 30. In terms of primary disability, the major types of disabilities were similar, but those closed Status 28 or 30 show a greater variety of disabling conditions than those successfully rehabilitated (see Figures 1 and 1A). This was also true of secondary disabilities (see Figures 2 and 2A). A smaller percentage of individuals closed Status 28 or 30 utilized the services provided by VR. Assessment, counseling, and transportation were the top three services received by all clients; however, those closed Status 28 or 30 did not utilize the training services or university services as extensively as those who were closed Status 26. This may indicate individual differences in the goals of the clients, and reasonable in light of the fact that clients closed other than Status 26, in fact, did not complete the rehabilitation process. There was a higher percentage of men who were closed Status 28 or 30 or who were not accepted to the program. More females than males were considered successfully rehabilitated. Additional questions and data are needed to fully understand these differences; for example, to what extent does readily available employment in casinos affect the need for rehabilitation services for men versus women?

Patterns of Service that Affect Successful Rehabilitation

Some of the services provided to clients successfully rehabilitated include: the Counselor Plus Case Aide Program goes to the client on the

reservation rather than the client traveling to an agency office; the outreach program tries to find jobs on the reservation for the client; and they help clients achieve their goals that they set for themselves. Additionally, MDRS strongly stresses education as an important option for those who wish to pursue a college degree. The three main services provided were assessment, counseling and guidance, transportation, and higher education.

Conclusions

Designed to provide outreach to American Indians with disabilities living on or near selected reservations in northern Minnesota, it would appear from the research conducted that the Counselor Plus Case Aide Program is successful in bringing VR services to American Indians who otherwise would not be service recipients. To the extent that the Counselor Plus Case Aide Program differs from other state agency outreach and/or culturally sensitive service delivery efforts, it is most likely the factor of distance of the reservations from cities and from each other that is responsible. This problem is compound: not only are American Indians with disabilities a distinct ethnic population with special needs, but, in the case of Minnesota, the reservations are rural and far flung; travel and time requirements will always be controlling factors in service provision. Nonetheless, it is vital that VR personnel maintain a consistent presence on the reservations; maintaining a presence includes many things, such as keeping promises, working with clients as distinct individuals, providing good practical counseling and advice--creating hope and confidence in people who may have none.

When feasible, American Indians should be hired as counselors and case aides. Although several individuals interviewed felt that they would have been comfortable with a non-Indian counselor, most felt that in general, American Indian clients should work with American Indians counselors. It was particularly important to hire American Indian case aides. The case aide spends more time on the reservation, breaks the ice with the clients, maintains

a presence on the reservation, and acts as a liaison; therefore, the case aide establishes the initial relationship with the client.

State agencies must look beyond simply providing any easily available personnel when making outreach efforts; they must dedicate permanent positions--not grant funded--to be filled by Indian people. The trust level will be immediately higher for the counselor and case aide, and for the agency as a whole. It is important to remember that a general category for closure defined as "Refused Services" or "Not Interested" could be interpreted as, "I didn't trust the person who was offering those services." In addition, having permanent positions demonstrates a commitment to the employee, which frequently will translate into less turnover and more stability of staff--the employee who can, in turn, demonstrate commitment to the client.

Outreach by Indian VR staff members means **a determined agency effort to offer meaningful VR services to Indian people *on the reservation.*** This is very different than the agency agreeing to provide culturally sensitive services if Indian people actively seek them out, or alternately taking the stance that their services are "color blind," and if Indian people decide not to take advantage of those services, that is their choice and will be respected. However, there are negative aspects as regards travel and time factors. As much time as possible must be spent on the reservations actively providing services, but even so, the time necessary to collect records and determine eligibility may become drawn out and contact may be less frequent than desirable.

Another important aspect that was mentioned by individuals interviewed was that an outreach program needed to maintain contact with the tribal government. There is often a high turnover of tribal officials; therefore, the outreach program must continuously renew their relationship with each tribe. When the MDRS program initially began providing outreach services, staff members went to each of the tribes to seek their permission and support to conduct VR service provision on the reservation. This is vital to establishing a good rapport and a trusting, committed relationship with the tribal government.

Clearly, one solution would be for all reservations to have Tribal Vocational Rehabilitation Programs. However, such programs are often difficult to acquire, fiscally based in short-term grants which go to very few tribes, and even then, do not absolve the state agency from the responsibility to provide public vocational rehabilitation services to American Indians with disabilities. Thus, it is important to remember that the Rehabilitation Act Amendments of 1992 (P. L. 102-569) noted that "the rate of work-related disability for American Indians is about one and one-half times that of the general population" (p. 106 STAT. 4364), yet research over the past decade has clearly indicated that American Indians with disabilities are, in general, underserved by the public VR program. There are, however, exceptions to this generalization.

The Minnesota Counselor Plus Case Aide program targets American Indians with disabilities living on or near reservations. The current research effort found that from a variety of perspectives, including VR administrators, VR applicants and clients, and tribal administrators, outreach efforts to American Indians proved to be successful. It appears that this program utilized by MDRS is a model that can be replicated in other areas and in other states that are interested in serving minority populations, including American Indian communities.

In referring again to the comments of Patton (1980) cited earlier in this report, the researchers hope that we have provided policy makers, service delivery personnel, consumers and their families, with perspective regarding the benefits of outreach--and while we do not claim to have found "the truth," and willingly "give up the burden of producing unassailable certainties," we do hope that this report has provided "useful information to decision makers and information users" (p. 282-283).

RECOMMENDATIONS

One purpose of this research effort was to document the outreach efforts of the Minnesota state VR agency in providing services to American Indians living on or near reservation areas. This information can be used to recreate this model program in other areas or with other groups of individuals who may need more specialized services. It is hoped that the following recommendations will help to guide other state agencies in establishing their own outreach program in order to increase service provision to American Indians with disabilities. Some of the recommendations are specific to rural outreach; others should help increase service provision to both urban and rural American Indians with disabilities.

Recommendations for Outreach Programs

1. Allocate or apply for federal and/or tribal funding for an outreach program.
2. Hire an American Indian case aide to build a trusting relationship with tribal members, do case findings, referral contacts, and explain VR services.
3. Maintain a regular and persistent presence on the reservation.
4. Provide both services and resources that help clients be successful; i.e., address their needs. View consumers from a holistic perspective.
5. Encourage individuals with disabilities to set high goals for themselves--attend college first to obtain a higher professional position rather than going directly into an entry-level position.
6. Maintain quality staff who will remain with the program on a long-term basis.
7. Acquire tribal approval prior to working on a reservation. Work with the tribe to develop promotional materials to attract clients.
8. Don't make promises that can't be kept. This will damage the trust and respect between vocational rehabilitation, the tribe, and its members.

9. Develop appropriate personnel categories to fit the need of the outreach program.
10. Formalize outreach efforts as agency policy, ensuring that positions are dedicated to serving underserved populations.

Recommendations for Future Evaluative Research

1. At the time the research proposal is being written, confirm clear and easily available access to all state agency data which will be used in the research.
2. Plan a research time frame that will result in information being available to the community and to VR as soon as possible, preferably by dedicating personnel with sufficient FTE to the project to ensure a timely completion of the research.
3. While timely completion is important, consider the benefits of a longitudinal study that can track effectiveness over several years rather than a "snapshot" as with the current study.

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Appendix A

Letter of Inquiry to VR Directors

Minnesota Department of
Economic Security

Workforce Center
REHABILITATION SERVICES
320 W. 2nd Street - Suite 205
Duluth, MN 55802
(218) 723-4730 • (218) 723-4725 (TTY)
(218) 723-4721 (FAX)

DATE

FIELD(name)
FIELD(title)
FIELD(address)
FIELD(city)

Dear FIELD(salute):

I am writing to ask your help in conducting a research project sponsored by the American Indian Rehabilitation Research and Training Center (AIRRTC). The AIRRTC is located at Northern Arizona University in Flagstaff, Arizona and is dedicated to research and training efforts designed to improve the quality of life for Indian people with disabilities.

Presently, Dr. Catherine Marshall and I are beginning a study entitled, *An Evaluation of the "Counselor plus Case Aid Model" in Serving American Indians with Disabilities through the Public Vocational Rehabilitation Program.* Our primary goal is to document the existing usage of indigenous counselors and case aides within the public vocational rehabilitation program and, specifically, to evaluate the effectiveness of one "counselor plus case aide" outreach program utilized by the State of Minnesota Division of Rehabilitation Services.

Please take just a moment to consider the following two questions:

1. Do you have, or have you ever had, specialized services, e.g. outreach, specific services etc., provided by your state agency to American Indians with disabilities?

2. Does your state agency have any personnel - American Indian or not - whose positions are dedicated to providing these services?

If the answer to both questions is "No", we want to thank you for your time and you may discard this letter.

If the answer to either question is "Yes", please take the time necessary to tell us about your state's program and include any brochure or other specific information you might use in this service provision. We have included a self addressed return envelope for your convenience and would very much appreciate hearing from you by June 20th, l997.

Sincerely,

Sharon R. Johnson, Counselor
Rehabilitation Services Division

Appendix B

Structured Interview Questions

Interview with Former Clients

1) How did you learn about the Minnesota Vocational Rehabilitation program?

2) Please describe the positive aspects of the program.

3) Please describe the negative aspects of the program.

4) What kind of employment or independent living did you find after completing the program?

5) (If appropriate) How did the program contribute to your *getting* the job?

6) How have the things you learned in the program helped you to *keep* your job?

7) Describe how having an American Indian V.R. counselor affected your vocational rehabilitation experience.

8) Please talk about why it was or was not important for you to have an American Indian V.R. counselor.

9) Would you prefer to have a V.R. counselor from your own tribe over a Native American V.R. counselor from another tribe? Why or why not?

10) Would you recommend any changes to the Minnesota VR program (as you experienced it)?

11) Did you feel that counselors were sensitive to your culture? Why or why not?

12) Do you have any other comments or questions for me?

Interview with Current Clients

1) How did you learn about the Minnesota Vocational Rehabilitation program?

2) Please describe the positive aspects of the program.

3) Please describe the negative aspects of the program.

4) What kind of employment do you expect to find after completing the program?

5) How does the program prepare you to get and keep a job?

6) Please talk about why it is or is not important for you to have an American Indian V.R. counselor.

7) Would you prefer to have a V.R. counselor from your own tribe over an American Indian V.R. counselor from another tribe? Why or why not?

8) Would you recommend any changes to the Minnesota VR program?

11) Did you feel that counselors are sensitive to your culture? Why or why not?

12) Do you have any other comments or questions for me?

Interview with Persons Found Ineligible for Services

1) How did you learn about the Minnesota Vocational Rehabilitation program?

2) Why were you found ineligible for services?

3) If you can, please describe the positive aspects of the program.

4) If you can, please describe the negative aspects of the program.

5) Would you recommend any changes to the Minnesota VR program?

6) Did you feel that counselors are sensitive to your culture? Why or why not?

7) Do you have any other comments or questions for me?

Interviews with Indian Leaders
and
Interviews with Minnesota Division of Rehabilitation Services Management

1) Please describe how you see the American Indian outreach program of the Minnesota Vocational Rehabilitation program based out of Duluth? Specific policies? Management strategies? Procedures?

2) Please describe any specific positive aspects of the program.

3) Please describe any negative aspects of the program.

4) Please talk about why it **is** or **is not** important for American Indian consumers of the program to have an American Indian counselor.

5) What specific costs do you see associated with the outreach program that are not a part of traditional forms of service delivery?

6) What specific benefits do you see associated with the outreach program that are not a part of traditional forms of service delivery?

7) Would you recommend any changes to the Minnesota VR outreach program?

8) Do you have any other comments or questions for me?

Appendix C

Letter Requesting Review and Comments Returned

NORTHERN ARIZONA UNIVERSITY

INSTITUTE FOR HUMAN DEVELOPMENT
UNIVERSITY AFFILIATED PROGRAM
American Indian Rehabilitation Research and Training Center

April 9, 1998

Dear

On May 30, 1997 we wrote to ask for your help in conducting a research project entitled, *An Evaluation of the "Counselor plus Case Aide Model" in Serving American Indians with Disabilities through the Public Vocational Rehabilitation Program.* This project is sponsored by the American Indian Rehabilitation Research and Training Center at Northern Arizona University in Flagstaff. In our last letter we asked you to respond to the following questions:

1. Do you have, or have you ever had, specialized services, e.g., outreach, specific services etc., provided by your state agency to American Indians with disabilities?

2. Does your state agency have any personnel--American Indian or not--whose positions are dedicated to providing these services?

These questions were sent to the state VR directors in all 50 states; 14 directors responded. Enclosed is a draft summarizing the responses that were given to our questions. As this summary will be included in the project's final report, please review it and advise us of any revisions that you feel should be made, especially in regard to the analysis of your response.

PO Box 5630 Flagstaff, AZ 86011-5630 (520) 523-4791 fax (520) 523-9127 TDD (520) 523-1695

I would appreciate having your feedback by April 24, 1998 and can be contacted at (520) 322-9553 or Catherine.Marshall@worldnet.att.net.

Sincerely,

Catherine Marshall

Catherine A. Marshall, Ph.D.
Associate Professor/Research Associate

cc: Priscilla Sanderson
Sharon Johnson

R34 mail list

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R34 mail list

4/9/98

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Assistant Commissioner
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STATE OF COLORADO

COLORADO DEPARTMENT OF HUMAN SERVICES
OFFICE OF HEALTH AND REHABILITATION SERVICES
George Kawamura, Manager

OFFICE OF DIRECT SERVICES
Bob Rossi, Manager

DIVISION OF VOCATIONAL REHABILITATION
110-16th Street, Second Floor
Denver, Colorado 80202
Phone: (303) 620-4158
(303) 620-4187
TDD (303) 620-4189
Diana Huerta
Director

Roy Romer
Governor

Barbara McDonnell
Executive Director

Karen Beye
Managing Director

Reply to:
Division of Vocational Rehabilitation
900 Jefferson County Pkwy, HSB #290
Golden, CO 80401

April 20, 1998

Catherine A. Marshall, Ph.D.
Northern Arizona University
PO Box 5630
Flagstaff, AZ 86011-5630

Dear Catherine,

Diana Huerta, Director of the Colorado Division of Vocational Rehabilitation, has asked me to respond to your letter of April 9, 1998. The letter requested feedback on the draft summarizing the responses that were given to your questions from the research project entitled, *An Evaluation of the "Counselor plus Case Aide Model" in Serving American Indians with Disabilities through the Public Vocational Rehabilitation Program.*

The responses indicated in your draft are correct and we have no revisions that we feel need to be made. If you need any additional information from us, please contact us. Thank you for the opportunity to participate in your research.

Sincerely yours,

Jim Weiland

Cc: Diana Huerta

BEST COPY AVAILABLE

NEW YORK
THE STATE OF LEARNING
THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY N.Y. 12234
OFFICE OF VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES

April 28, 1998

Ms. Catherine A. Marshall, Ph.D.
Associate Professor/Research Associate
Northern Arizona University
University Affiliated Program
American Indian Rehabilitation
Research and Training Center
PO Box 5630
Flagstaff, Arizona 86011-5630

Dear Ms. Marshall:

We appreciate your providing our Office of Vocational and Educational Services for Individuals with Disabilities (VESID) an opportunity to comment and advise on any revisions regarding information contained in your report related to VESID's initiatives with American Indians.

As you are no doubt aware, American Indians within the borders of New York State present a unique set of issues unlike those of American Indians in the Western part of the United States. These issues are innately embedded in the politics, customs and values of American Indian people within New York State. VESID has been able to outreach to government tribes such as the St. Regis Mohawk; however more traditional tribal configurations (e.g., Akwesanse) have continued to adhere to a position of soverignty which has limited VESID's ability to provide technical support and outreach to on-reservation American Indians with disabilities. Nonetheless, we continue to explore various means of engaging all American Indians within New York State in the vocational rehabilitation and independent living service programs and are currently serving off-reservation American Indians through our District Offices.

Our response to your request for comment and advice on your report, An Evaluation of the "Counselor plus Case Aide Model" in Serving American Indians with Disabilities through the Public Vocational Rehabilitation Program suggests the need for a description of the socio-political environmental context in order to provide appropriate interpretation of VESID initiatives described in your report, lest it be misconstrued that the responses given by VESID to the two questions you posed represent the totality of what is occurring in vocational rehabilitation for American Indians.

VESID

Similarly, when you note in your report that one Section 130 grant had been developed and submitted to the Rehabilitation Services Administration for funding in 1997 by the St Regis Mohawk, with the edit that it was not funded, the reader is left to draw his/her own conclusion about the quality of the proposal. If you desire to keep it in the report, then accurate details ought to be provided The Section 130 grant developed by the St. Regis Mohawk to provide vocational rehabilitation services to on-reservation and off-reservation American Indians was developed by the St. Regis Mohawk Indians who participated in the Albany Northeastern New York Urban League/ VESID's Rehabilitation Capacity Building Project. Their project received a high score from Peer Reviewers; however, it was not funded because the Rehabilitation Services Administration could only fund five projects in the Nation for that competition. To report the project as "not funded" several times in the text of your report without adding the information that the proposal received a high rating might suggest to others that the proposal was lacking in merit. You might also note that this proposal has been recast by the St. Regis Mohawk and will again be submitted for this year's competition, May 19, 1998.

Lastly, since the model being *evaluated*, (Counselor Plus Case Aide Model) is not a model being used in New York State, there is concern about the appropriateness of including information provided by VESID in the report under the concept of evaluation. Your title and hypotheses appear to suggest an evaluation of the use of a particular model. If that is so, those responding state vocational rehabilitation programs who are not using that model would be more properly included under Other Relevant Practices.

As the title and information presented in the text now stand, the reader is led to believe that data evaluating the effectiveness of a particular vocational rehabilitation service delivery model will be presented when, in fact, the report details responses to two questions posed to State Vocational Rehabilitation Agencies, neither of which would directly reveal information on the effectiveness of the model you reference.

We hope these comments will be of help to you. We would be happy to discuss our response with you at a mutually convenient time. Please contact me at (518) 474-2587 should you have further questions or require additional information.

Sincerely,

M. Gerlene Ross

M. Gerlene Ross, Ph.D.,
Bureau Chief

cc: Lawrence C. Gloeckler
Fred DeMay
Priscilla Sanderson
Sharon Johnson

Appendix D

1986 Proposal:

Service to Minnesota Chippewa Tribe Reservations

PROPOSAL

SERVICE TO

MINNESOTA CHIPPEWA TRIBE RESERVATIONS:

BOIS FORTE
GRAND PORTAGE
FOND DU LAC

SUBMITTED BY THE
DULUTH FIELD OFFICE

OCTOBER 28, 1986

FORWARD

THE MINNESOTA CHIPPEWA TRIBE IS AN ORGANIZATION COMPRISED OF SIX CHIPPEWA INDIAN RESERVATIONS IN NORTHERN MINNESOTA. TWO OF THESE RESERVATIONS, WHITE EARTH AND LEECH LAKE, ARE IN THE WESTERN PART OF THE STATE AND THE OTHER FOUR, BOIS FORTE, GRAND PORTAGE, FOND DU LAC AND MILLE LACS, ARE GENERALLY IN THE EASTERN PORTION. THESE RESERVATIONS GOVERN THEMSELVES QUITE AUTONOMOUSLY THROUGH THEIR ELECTED RESERVATION BUSINESS COMMITTEES, WITH EACH RESERVATION SENDING REPRESENTATIVES TO SIT ON THE OVERALL TRIBAL GOVERNING BOARD CALLED THE TRIBAL EXECUTIVE COMMITTEE.

WHILE THESE RESERVATIONS VARY GREATLY IN SIZE AND POPULATION, IT IS NECESSARY TO REMEMBER THAT EACH RESERVATION AND EACH ENROLLED MEMBER OF EACH RESERVATION HAS THE SAME RIGHTS AND POWERS THAT ANY OTHER RESERVATION OR ENROLLEE HAS, REGARDLESS OF SIZE. THE CHAIRMAN OF A RESERVATION BUSINESS COMMITTEE AND THAT COMMITTEE AS A WHOLE HAVE ABSOLUTE POWER AS FAR AS ANY OUTSIDE PROGRAM OR AGENCY WHICH MIGHT LIKE TO EXTEND THEIR SERVICES ONTO THAT RESERVATION.

STATISTICS ABOUND CONCERNING THE PLIGHT OF THE AMERICAN INDIAN IN OUR SOCIETY, BUT WE FEEL IT PERTINENT TO MENTION A FEW DETAILS REGARDING MINNESOTA'S INDIAN POPULATION. INDIAN PEOPLE DO NOT COMPRISE A LARGE PERCENTAGE OF THE POPULATION OF THE STATE OF MINNESOTA; YET, THE PROBLEMS OF CHEMICAL DEPENDENCY, DIABETES, OTITIS MEDIA AND HEART DISEASE, TO NAME A FEW, ARE SO WIDESPREAD AS TO BE EPIDEMIC AND CONSEQUENTLY THE NUMBERS OF HANDICAPPED PEOPLE AND THE POTENTIAL FOR THE OCCURRANCE OF HANDICAPPING CONDITIONS IS FAR GREATER THAN MIGHT BE EXPECTED WITHIN THE

GENERAL POPULATION. THE RESERVATIONS IN NORTHERN MINNESOTA ARE FOR THE MOST PART REMOTE, ISOLATED AND CUT OFF FROM THE SERVICES OF AGENCIES WHICH PURPORT TO "DO GOOD" FOR MINNESOTA'S CITIZENS. AND SO, AS MIGHT BE EXPECTED, THEY GET OVERLOOKED IN THE "BIG PICTURE". THE NEEDS OF THE AMERICAN INDIAN HANDICAPPED POPULATION DIFFER GREATLY FROM THE NEEDS OF THE GENERAL HANDICAPPED POPULATION. CONSEQUENTLY, DRS MUST RECOGNIZE THEIR SPECIFIC NEEDS AND ATTEMPT TO ADDRESS THEM.

THE PROBLEM

WE HAVE ASSESSED WHAT WE FEEL TO BE SOME OF THE MOST IMPORTANT OF THESE NEEDS. 1. AMERICAN INDIANS NEED MORE AND BETTER ACCESSIBILITY TO DRS. 2. THERE IS NEED FOR MORE APPROPRIATE ASSESSMENT OF DISABILITY BY DRS. 3. EMPLOYMENT MUST BE SOUGHT AND DEVELOPED ON THE RESERVATIONS. 4. THERE MUST BE AN UNDERSTANDING AND CONCESSION BY THE AGENCY THAT TRADITIONALISM AND CULTURAL CUSTOMS ARE MOST INTENSE ON THE RESERVATION AND PARTICULARLY AMONG THE OVER-FORTY SEGMENT AND THOSE YOUNGER WHO HAVE NEVER LIVED OFF THE RESERVATION. WE MUST TRY TO FORMULATE PLANS WITH THIS HANDICAPPED POPULATION WHICH ACKNOWLEDGE THESE DIFFERENCES IN VALUES AND PERCEPTIONS.

CONVERSLY, OUR AGENCY HAS SOME DISTINCT NEEDS IF THEY ARE TO SERVE THE AMERICAN INDIAN HANDICAPPED POPULATION APPROPRIATELY. 1. WE NEED TO DEVELOP WAYS TO IDENTIFY HANDICAPPED INDIAN PEOPLE BETTER AND SOONER. WE SHOULD BE MAKING MUCH BETTER USE OF THE INDIAN PUBLIC HEALTH SERVICE, THE RESERVATION SOCIAL WORKERS AND MEDICAL CENTER PERSONNEL AND RESERVATION SCHOOL OFFICIALS. 2. WE MUST DEVELOP A HIGHER DEGREE OF VISIBILITY ON THE

RESERVATIONS. THIS WOULD INCLUDE EDUCATING ALL OF THE RESERVATION PEOPLE ABOUT OUR CAPABILITIES AND LIMITATIONS. 3. WE MUST CONCENTRATE ON DEVELOPING EMPLOYMENT OPTIONS ON THE RESERVATION. 4. WE NEED MOST OF ALL TO DEVELOP A SENSE OF TRUST AMONG THE INDIAN PEOPLE ON THE RESERVATION FOR THE AGENCY AND AGENCY REPRESENTATIVES. THIS IS AN UNDERLYING NEED WHICH MAKES 1, 2 AND 3 POSSIBLE.

PROPOSAL

IN ORDER TO ATTEMPT TO ACCOMPLISH THESE TASKS, WE PROPOSE THE FOLLOWING: THAT DRS HIRE AND TRAIN ONE FULL TIME VOCATIONAL REHABILITATION TECHNICIAN, RECOGNIZED AS AN INDIAN PERSON, TO DELIVER DRS SERVICES TO THE NORTHEAST MINNESOTA MINNESOTA CHIPPEWA TRIBE RESERVATIONS. THE BASIC PLAN WOULD BE THIS: ONE-FOURTH OF THE VRT'S TIME WOULD BE SPENT IN EACH OF THE FOLLOWING AREAS--GRAND PORTAGE, BOIS FORTE, FOND DU LAC AND WITH COUNSELOR/SUPERVISOR IN THE DULUTH FIELD OFFICE.

THE VRT'S SPECIFIC DUTIES WOULD INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING ACTIVITIES: IDENTIFYING REFERRALS, INITIAL INTERVIEWS AND SUBSEQUENT PAPERWORK, IDENTIFYING THE SERVICE NEEDS OF THE PARTICULAR RESERVATIONS, FOLLOW-UP WITH EXISTING CLIENTS, EXPANDING AND EXTENDING OUR CURRENT PROGRAM WHICH EXISTS AT FOND DU LAC RESERVATION, AND DOING "OUTREACH" WHICH WOULD CONSIST OF DIRECT PRESENTATION OF SERVICES AVAILABLE INDIVIDUALLY AND IN LARGE GROUP LECTURES, HIGH VISIBILITY AND "SPREADING THE WORD" ABOUT DRS AND SEEKING OUT EMPLOYMENT POSSIBILITIES ON THE RESERVATION AND IN SURROUNDING COMMUNITIES.

OUR AIM AND THAT OF THE AGENCY ADMINISTRATION IS TO EXPAND

AND IMPROVE DRS SERVICES TO AMERICAN INDIAN RESERVATIONS IN MINNESOTA. THIS CAN ONLY BE ACCOMPLISHED BY ADOPTING MORE INNOVATIVE METHODS. 1. DRS MUST SEEK AND DEVELOP MORE NON-TRADITIONAL APPROACHES TO EMPLOYMENT AND CONSIDER ON-THE-JOB TRAINING PROGRAMS AND INTENSIVE JOB PLACEMENT ON THE RESERVATIONS AS IMPORTANT AS FORMALIZED TRAINING PROGRAMS ARE OFF THE RESERVATION. 2. WE MUST ACKNOWLEDGE THE CULTURAL, ATTITUDINAL AND TRADITIONAL DIFFERENCES BETWEEN THE AMERICAN INDIAN HANDICAPPED POPULATION AND THE GENERAL HANDICAPPED POPULATION. 3. WE MUST FIND BETTER WAYS TO IDENTIFY POTENTIAL CLIENTS EARLIER IN THE DISABILITY PROCESS. 4. WE MUST EDUCATE RESERVATION INHABITANTS ABOUT DRS'S CAPABILITIES AND LIMITATIONS. 5. WE MUST DEVELOP INNOVATIVE AND NON-TRADITIONAL EMPLOYMENT OPPORTUNITIES ON THE RESERVATION (COTTAGE INDUSTRIES, OJT, ENTREPRENEURSHIP, ETC.) 6. WE MUST DEVELOP A HIGH LEVEL OF TRUST WITH THE RESERVATION PEOPLE FOR DRS: DON'T MAKE PROMISES YOU CAN'T KEEP--AND KEEP THE PROMISES YOU MAKE! CONSEQUENTLY, WE VIEW THIS PROPOSAL AS A PERMANENT EXTENSION OF SERVICES.

FIRST YEAR GOALS

1. PRESENT PROPOSAL TO THE RESERVATION BUSINESS COMMITTEES OF THE RESERVATIONS INVOLVED AND GAIN THEIR APPROVAL.

2. HIRE AND TRAIN ONE VOCATIONAL REHABILITATION TECHNICIAN IN THE DRS SERVICE PROVISION SYSTEM.

3. CONCENTRATE ON BUILDING AND/OR STRENGTHENING COMMUNICATION LINKS WITH ON-RESERVATION SERVICE PROVIDERS.

4. DEVELOP AND IMPLEMENT TEN PLANS IN THE VRT'S SERVICE AREA.

IT IS ANTICIPATED THAT THE FIRST YEAR WILL BE ONE OF BUILDING VISIBILITY AND CONTACTS, EDUCATING PEOPLE ABOUT VR AND SLOWLY BUILDING A BASE OF REFERRALS.

WE ANTICIPATE THAT WHAT WE LEARN ABOUT PROVISION OF VR SERVICES ON RESERVATIONS WILL RESULT IN CHANGES AND IMPROVEMENT TO THIS BASIC CONCEPT, BUT WE ALSO BELIEVE THAT THE VRT ROUTE REPRESENTS OUR BEST AND MOST WORKABLE RESPONSE AT THIS TIME AND AT THIS STAGE OF OUR DEVELOPMENT.

PROJECTED COSTS FOR A 12 MONTH PERIOD

VOCATIONAL REHABILITATION TECHNICIAN	
BOIS FORTE & GRAND PORTAGE	$ 14,365
FRINGE (20%)	2,873
	17,238
TRAVEL & PER DIEM	* 18,772
	$ 36,010

*BASED UPON THE ASSUMPTION THAT THE HOME STATION IS DULUTH.

Appendix E

Resolution:

Minnesota Chippewa Tribal Executive Committee

DULUTH

FEB 13 1989

DRS

RESOLUTION 93-89

WHEREAS, The Minnesota Chippewa Tribal Executive Committee is the duly elected governing body of The Minnesota Chippewa Tribe, comprised of the six member reservations, (Bois Forte, Fond du Lac, Grand Portage, Leech Lake, Mille Lacs and White Earth), and

WHEREAS, the Division of Rehabilitation Services, State of Minnesota, has for the past one and one-half years conducted a specialized program of service provision to vocationally handicapped American Indians living on or near the three Northeast Minnesota Reservations, and

WHEREAS, this program has proved to be exceptionally successful in helping many seriously handicapped Indian people needing assistance to find meaningful work on those reservations, and

WHEREAS, this program employs Indian people to work with the disabled Indians at those reservations, and

WHEREAS, the Division of Rehabilitation Services has included in their biennial budget request four (4) more full-time permanent positions for Indian people so that these services can be expanded to Mille Lacs, White Earth and Leech Lake Reservations and a program developed for Red Lake Reservation, and

WHEREAS, the need for and the success of this specialized program has been clearly shown, and

WHEREAS, the Tribal Legislative Subcommittee at their meeting held on December 19, 1988 recommends Tribal Executive Committee approval of this resolution.

NOW THEREFORE BE IT RESOLVED, that The Minnesota Chippewa Tribal Executive Committee endorses and supports that portion of the Division of Rehabilitation Services budget request which would provide four (4) additional full-time permanent positions for Indian people to expand vocational rehabilitation services to the other Minnesota Chippewa Tribe Reservations.

We do hereby certify that the foregoing Resolution was duly presented and acted upon by a vote of 11 For, Ø Against, Ø Silent, at a Regular Meeting of The Minnesota Chippewa Tribal Executive Committee, a quorum present, held on February 7, 1989 at St. Paul, Minnesota.

Darrell Wadena

Darrell Wadena, President
THE MINNESOTA CHIPPEWA TRIBE

Eugene A. Boshey Jr.

Eugene A. Boshey, Sr., Secretary
THE MINNESOTA CHIPPEWA TRIBE

Appendix F

Supplemental MDRS Data by Year, 1993 - 1997

Table 5

Major Cause of Disability among Rehabilitated Clients by Year, 1993 - 1997

	1993		1994		1995		1996		1997	
	n	%	n	%	n	%	n	%	n	%
Alcohol Abuse	1	7%*	8	67%	2	50%	3	50%	2	33%
All Other Accidents							2	33%	1	17%
Arthritis/ Rheumatism							1	17%		
Deafness			1	8%						
Epilepsy					1	25%			1	17%
Mental/Emotional Disorder									1	17%
Other Disabling Disease/Condition			1	8%						
Other Drug Abuse/ Dependence			1	8%						
Specific Developmental Disorder					1	25%			1	17%
Spinal Cord Accident/Injury			1	8%						
TOTAL	1	7%*	12	100%	4	100%	6	100%	6	100%

Note: Only 1 case from 1993 is included, 13 cases were missing data.

* This percentage represents 1 case out of 14.

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Table 6

Secondary Cause of Disability among Rehabilitated Clients by Year, 1993 - 1997

	1993		1994		1995		1996		1997	
	n	%	n	%	n	%	n	%	n	%
Alcohol Abuse			3	33%	1	33%				
All Other Accidents									2	40%
Arthritis/Rheumatism			1	11%					1	20%
Mental/Emotional Disorder			2	22%	1	33%				
Other Drug Abuse/ Dependence	1	7%*	1	11%	1	33%			1	20%
Nervous System Disorder			1	11%					1	20%
Other Condition of Digestive System			1	11%						
Other Speech Impairment							1	33%		
Psychoneurotic Disorder							2	67%		
TOTAL	1	7%*	9	100%	3	100%	3	100%	5	100%

Note: Only 1 case from 1993 is included, 13 cases were missing data.

* This percentage represents 1 case out of 14.

Table 7

Services Received by Rehabilitated Clients by Year, 1994 - 1997

	1994 N (%)*		1995 N (%)*		1996 N (%)*		1997 N (%)*	
	n	%	n	%	n	%	n	%
Adjustment Training	2	17%			1	3%		
Assessment	12	100%	4	24%	4	13%	4	19%
Business/Vocational					2	7%	1	5%
College/University	5	11%	2	12%	3	10%	2	10%
Counseling/Guidance	8	18%	1	6%	4	13%	6	29%
Job Finding Services	3	7%	3	18%	2	7%		
Maintenance	5	11%	1	6%	2	7%	3	14%
Misc. Training			1	6%	1	3%	1	5%
Other Services	1	2%	2	12%	5	17%	1	5%
Job Placement	3	7%	1	6%	2	7%		
Restoration			1	6%				
Transitional Employment Training							1	5%
Transportation	6	13%	1	6%	4	13%	2	10%

Note: 1993 data was not available for services provided.

* Percentages = percent of cases who received services.

Table 8

Work Status of Rehabilitated Clients at Referral by Year, 1993 - 1997

	1993		1994		1995		1996		1997	
	n	%	n	%	n	%	n	%	n	%
Competitive Labor Market	1	7%*			2	50%	1	17%		
Homemaker			1	8%						
Not Working, student			1	8%	2	50%	1	17%	2	33%
Not Working, other			10	83%			4	66%	3	50%
Self-Employed									1	17%
TOTAL	1	7%*	12	100%	4	100%	6	100%	6	100%

Note: Only 1 case from 1993 is included, 13 cases were missing data.

* This percentage represents 1 case out of 14.

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Table 9

Work Status of Rehabilitated Clients at Closure by Year, 1993 - 1997

	1993		1994		1995		1996		1997	
	n	%	n	%	n	%	n	%	n	%
Competitive Labor Market	1	7%*	12	100%	4	100%	6	100%	6	100%

Note: Only 1 case from 1993 is included, 13 cases were missing data.

* This percentage represents 1 case out of 14.

Table 10

Education Level of Consumers at Referral by Closure Status, 1993 - 1997

	Not Accepted for VR Services		Closed Rehabilitated		Closed Other	
	n	%	n	%	n	%
Special Education			1	3%		
6th Grade	1	2%				
7th Grade	1	2%			2	4%
9th Grade	1	2%			2	4%
10th Grade	1	2%			6	11%
11th Grade	7	13%	2	7%	4	7%
12th Grade	23	43%	13	45%	31	56%
One Year of College	7	13%	10	34%	2	4%
Two Years of College	7	13%			3	5%
Three Years of College	2	4%	2	7%	2	4%
Four Years of College	3	6%	1	3%	3	5%
TOTAL	53	100%	29	100%	55	100%

Note: Data were missing for 37 cases in 1993 and 1 case in 1994.

* These percentages exclude missing data.

Appendix G

MDRS Letter Authorizing Participation

MINNESOTA DEPARTMENT OF
Jobs and Training

Division of Rehabilitation Services
390 North Robert Street
St. Paul, Minnesota 55101
612/296-5616
612/296-3900 TDD
612/297-5159 FAX

March 19, 1993

Ms. Priscilla Sanderson, Director
American Indian Rehabilitation Research
and Training Center
Northern Arizona University
Institute for Human Development
P. O. Box 5630
Flagstaff, Arizona 86011

Dear Ms. Sanderson:

I have reviewed the proposal you have designed to research the rehabilitation delivery services for American Indians in the United States. Your proposal seems to provide a thorough analysis for determining appropriate Vocational Rehabilitation delivery systems to this population. We in Minnesota DRS are proud of the work done by Sharon Johnson, Career Rehabilitation Counselor, in serving the American Indian population. We are in the process of attempting to duplicate the model she and her team members have developed, in other areas of the state.

Your proposal outlines .25 FTE of Sharon Johnson's time to assist in evaluating various programs throughout the United States. I am in support of Sharon performing this assignment.

Good luck with this valuable endeavor.

Sincerely,

Kim Rezek

Kim K. Rezek, Director
Vocational Rehabilitation

KKR:nrk

c: Bob Lundahl
Sharon Johnson

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